

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



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## Message from the President

by Rhonda Shimmens, RN-C, BSN, MBA

### Enhanced Nurse Licensure Compact

In the last newsletter, I indicated that the members of the Missouri State Board of Nursing support the Enhanced Nurse Licensure Compact. Missouri has been a member of the Nurse Licensure Compact (NLC) since 2010.

Advances in technology, along with an increasingly mobile nursing workforce and patient population, created the necessity for breaking down unnecessary barriers to interstate practice. The Nurse Licensure Compact (NLC) creates a system that allows nurses to practice freely among participating states while still allowing states to retain their autonomy through enforcement of their nurse practice act. This interstate compact has the ability to remove the licensure barrier to practice for more than 4.5 million nurses.

This year and in recent years, we have seen hundreds of telehealth bills in more than 44 states, all with the goal of enabling telehealth. Given the mobility of society and the capabilities which advanced technology brings, telehealth is proliferating at a tremendous rate. The current health care environment begs the question, "How do regulators facilitate cross-border practice of nursing whether physically or via telehealth and ensure that critical systems are in place to keep patients safe?" We believe the answer is the nurse licensure compact.

The Board's rationale for supporting the NLC is to eliminate redundancy and duplicative regulatory processes and eliminate unnecessary fees. The Board found that the NLC improves patient access to licensed nursing care especially during a disaster or other times of great need and it assists military spouses by decreasing the amount of time, paperwork, and costs necessary to begin immediately practice nursing as they often relocate every two years.

State boards of nursing who adopt the NLC are required to participate in the national nurse license database known

as Nursys®, which authorizes sharing licensure and disciplinary information between NLC states. Missouri has been participating in this database since 1999 by electronically submitting licensure and discipline data on a daily basis.

Twenty-five states adopted the current NLC, but the question remained how to craft an enhanced NLC that eventually all states could adopt. The National Council of State Boards of Nursing (NCSBN) set out on a journey to answer this question. Our executive director, Lori Scheidt, was involved from the onset of this journey, which took most of two years to complete. The Enhanced Nurse Licensure Compact (ENLC) was the result of collaboration, hard work, and compromise from almost all of the 50 states and US territories who are members of the National Council of State Boards of Nursing (NCSBN).

On May 4, 2015, NCSBN's Delegate Assembly voted to approve the Enhanced Nurse Licensure Compact (ENLC). The vision is for all states and territories to enact and implement the ENLC by December 2018. To join the ENLC, each state must put the entire ENLC into its statute.

The ENLC puts the uniform licensure requirements in the actual compact rather than in rule. The uniform licensure requirements are only for issuance of a multistate license. It does not prevent a state from issuing a single state license. It also requires all members of the ENLC to obtain and submit criminal background checks prior to issuing a license, and includes improved dispute resolution processes.

More than 88 percent of nurses surveyed nationwide support the NLC. The American Hospital Association and the American Telemedicine Association support the NLC, as well as many others. The NCSBN is poised to take a leading role in educating all states with the ultimate goal of enacting and implementing the Enhanced Nurse Licensure Compact in the next two years.

## Executive Director's Report

by Lori Scheidt, Executive Director

### Board Elects Officers at their June 2015 Board Meeting

Rhonda Shimmens was re-elected as President. Ms. Shimmens received a Bachelor of Science Degree in Nursing Science, and an MBA with an emphasis in Health Management. She is board certified in medical surgical nursing and ambulatory nursing and is currently the Manager of Outpatient Surgery and Post-Anesthesia Care Unit at SSM Health-St. Mary's Hospital Jefferson City. She has served on the board since April 2009.

Mariea Snell was elected Vice-President. Dr. Snell is the coordinator of the Doctor of Nursing Practice program for Maryville University. In addition to her faculty and administrative role, she practices as a Family Nurse Practitioner for Peoples Health Centers in St. Louis. She holds a doctorate in nursing from St. Louis University, a master's of science in nursing from Indiana State with a concentration in family practice and a bachelors in nursing from Barnes Jewish College of Nursing at Washington University Medical Center. Dr. Snell has extensive experience in research,

education and community health. She has been on the board since February 2013.

Alyson Speed was elected secretary. Ms. Speed is a licensed practical nurse with CoMo Cubs Pediatrics in Columbia. She is pursuing a Bachelor's degree in business with an emphasis on healthcare administration from Columbia College. She has served on the Board since January 2014.

### The Difference Between Boards & Associations

The Missouri State Board of Nursing (Board) is aware that there can be confusion regarding the difference between the Board and nursing organizations or associations. This article provides a brief summary of the role of the Board and the role of associations, how they differ and what they have in common.

- The Missouri State Board of Nursing is a regulatory board. Its purpose is to protect the public. It is an agency of state government that was established through enactment by the Missouri General Assembly (the state legislature) of a law that mandates both the structure of the Board and the Board's functions. The Board consists of nine individuals, five of whom must

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As of October 1, 2015

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Schedule of Board Meeting Dates through 2017

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September 7-9, 2016  
November 16-18, 2016

March 1-3, 2017  
June 7-9, 2017  
September 6-8, 2017  
November 15-17, 2017

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**

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# Education Report

## Facilitation of the Educational Pathway for Military Service Members and their Families

by Bibi Schultz, RN MSN, CNE  
Education Administrator

Missouri State Board of Nursing (MSBN) Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD(c)
- Mariea Snell, DNP, MSN, BSN, RN, FNP-BC

Military service is at the forefront of awareness and much is said about the difficult and sometimes even tragic transition for military service members from active duty to civilian life. Many military service members return home with extensive training and experience that may, if analyzed and applied appropriately, facilitate career progression and expedite the process to licensure or certification. The need to explore, analyze and award as much educational credit as possible for military training and experience is not a new concept. Much has been written about this, bills have been passed, and work is in progress to facilitate this transition.

Missouri passed legislation in 2013 (Senate Bill 106) stating that the Coordinating Board of Higher Education would establish a policy that requires public post-secondary institutions to assess and grant credits for military training and experience. Missouri statute section 173.1158 (1) RSMo requires that the Coordinating Board for Higher Education (CBHE), by January 1st, 2014, have policies in place that require public institutions of postsecondary education, to include Missouri public universities, colleges, vocational and technical schools, to award credits for military training or service that meet the standards of the American Council on Education (ACE) or equivalent standards. Credits awarded must also meet the scope and mission of the awarding institution. Missouri statute section 173.1158 (2) RSMo requires implementation by the beginning of the 2014-2015 academic year. It is important to note that the Missouri Department of Higher Education, the administrative arm of the Coordinating Board of Higher Education (CBHE), which has responsibility for coordination and oversight of all post-secondary education in this state, established *Policy Guidelines for Awarding Educational Credit for Military Training or Service* in December 2013.

Furthermore, Missouri Revised Statutes – Chapter 324, section 324.007.1 requires that as of January 1st, 2014, professional licensing boards or commissions in this state, upon presentation of satisfactory evidence, accept military credits as long as credits meet current standards for licensure or certification. Missouri State Board of Nursing (MSBN) rules are in place that facilitate LPN licensure for military service members who present evidence of successful completion of the Army Practical Nurse Program, as indicated under 20 CSR 2200-4.020(1)(B) – Missouri Nursing Practice Act, April 2014.

In 2013, the National Council of State Boards of Nursing (NCSBN) conducted an expansive comparison of military health care training/occupations with the requirements of the standard LPN/VN curriculum. Description of the role, program requirements and duration for several military health occupations were reviewed, to include health care specialist (medic), corpsman, airman and the army practical nurse program curricula. Careful analysis showed that while

military health care training met some of the objectives and program outcomes required for standard practical nursing education, some major components were lacking. Specific areas for additional training in order to meet academic requirements toward eligibility to sit for NCLEX-PN were recommended. It is important to note that Army Practical Nurse Program requirements and standards were deemed comparable to those of standard practical nursing education (NCSBN, 2013).

In 2012, representatives from Illinois, Indiana and Ohio began a collaboration with the Military Family Research Institute at Purdue University West Lafayette and founded the Multi-State Collaborative on Military Credit (MCMC). Facilitation of military credit transfer, as well as legislative mandates related to this issue, were major points of discussion. Since then, thirteen (13) states have joined this initiative and are working together to facilitate access for military service members and their families to complete their post-secondary education within each of these states. Missouri is one of those thirteen (13) states. Representatives of the Missouri Department of Higher Education (MDHE) and Missouri colleges and universities have been working with MCMC workgroups since 2013. Overarching goals include better utilization of prior military training and experience in awarding of credits toward degree/credential completion through application of innovative assessment models (MCMC Provenance, 2014).

Missouri Department of Higher Education (MDHE) has taken the lead in participation with the Multi-State Collaborative on Military Credit (MCMC) for the state of Missouri. In 2015, the MO-MCMC was founded with the vision to further facilitate the educational journey for military service members residing/returning to this state. MO-MCMC committee members have been chosen according to the MCMC model. The twenty-four (24) MO-MCMC Steering Committee members represent many Missouri institutions of higher education, Wentworth Military Academy & College, Missouri Department of Elementary & Secondary Education, Missouri Department of Economic Development, Missouri Veterans Commission, Missouri Department of Mental Health, Missouri Department of Higher Education, Missouri National Guard and the Missouri State Board of Nursing. Missouri State Board of Nursing is the only licensing board participating in this collaborative at this time (MO-MCMC, 2015).

In June 2015, Bibi Schultz, Education Administrator for the Missouri State Board of Nursing, was appointed to serve on the MO-MCMC Steering Committee. Ms. Schultz now also participates in the 13-state MCMC workgroup for Licensure and Certification. In this work, contact has been made with Missouri licensing boards and several institutions of higher education, especially those offering nursing education and other health-related programs. Exploration of existing and potential avenues for facilitated acceptance of military credit that would shorten the path to meet requirements for licensing and certification and therefore ease transition to civilian life for military service members and their families is the goal. Currently, there are at least three (3) Missouri nursing schools that offer direct progression from Paramedic (military service members with Emergency Medical Technician training may qualify to challenge the Paramedic exam) to an associate

degree in nursing. The Missouri State Board of Nursing just recently approved a newly developed curriculum track for progression from military medic to a baccalaureate degree in nursing to be offered through Chamberlain College of Nursing in the near future. Plans are in place for development of a pilot project, modeled after the Veteran's Bridge Course currently in place at GateWay Community College in Phoenix, AZ, that will offer a pathway to highly accelerated completion of the practical nurse curriculum for military service members in Missouri. Eligible students would include military service members who completed military health care training in a variety of settings. Several Missouri programs of practical nursing have expressed interest in development and offering of this option.

While much progress has been made in acceptance of military credits, many challenges must be addressed and bold steps must be taken to bring about necessary change. It is important that policies and guidelines are carefully followed to ensure that military credits are appropriately evaluated, optimally applied and that educational standards for licensure or certification are consistently met.

**References:**  
*Missouri Department of Higher Education – Multi-State Collaborative on Military Credit – Missouri State Plan (April 2015)*  
*Missouri Department of Higher Education – Policy Guidelines for Awarding Educational Credit for Military Training or Service (December 2013)*  
*Missouri State Board of Nursing – Nursing Practice Act and Rules (April 2014)*  
*Multi-State Collaborative on Military Credit – Project Provenance (2014)*  
*National Council of State Boards of Nursing -- Military Health Care occupations Examined in this Analysis: Role/Program Descriptions (2013)*

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Moments with Marcus

Human Vegetables

by Marcus Engel

I am always on the lookout for stories. Ya know, being a storyteller, it's kinda what I do. This one came from a nurse I met this summer in Chicago. She can tell it better than I can, so these are her words:

I was working in Surgical Intensive Care Unit (SICU) taking care of open-heart patients.

At shift change and in front of a patient and his wife, my fellow nurse used some common abbreviations while giving me report. Such as CABG (Coronary Artery Bypass Graft) and HTN (Hypertension, and CHF (Chronic Heart Failure). After report, I was doing my assessment of my patient when his wife asked, "Could you please stop referring to my husband as a vegetable?" I had no idea what she was talking about.

Confused and bewildered, she continued. "every shift, you nurses say 'this is Mr. Jones and he is a cabbage x5'" Right then, I knew what she was referring to, we say CABG x \_\_ meaning the patient is post op Coronary Artery Bypass Graft x \_\_\_\_ (how ever many vessels were used).

I apologized over and over and gave her a full explanation of our terminology. She thanked me and we

both wished someone had taken the time to explain the terminology earlier.

Faithful reader, this was such an honest mistake, right? It was a simple oversight on the part of the nursing staff that the language they use every day is foreign to patients and families. I hope we can all remember that the populations we serve aren't always fluent in medicalese.

Yet, as a human being who can feel empathy, doesn't your heart just go out to this wife? And to the nurse? We all know the seriousness of cardio surgery. We can all imagine the fear and nerves a family member (much less a spouse) would have seeing a very ill loved one suffering. Personally, if my spouse was having open heart, I'd be a nervous wreck.

But then? In the ultimate case of adding insult to injury, the family member perceives the communications from caregivers as name-calling; the lowest form of negative communication. I mean, seriously? If that wife had gotten so furious over the mistake that she would have acted ugly, would anyone blame her?

That terminology "human vegetable" became popular a few decades ago. And it carries a horrifying connotation! If a family member hears a loved one being referred to as a vegetable, it can bring about all types of mental images that may not even be accurate.

Please be mindful that your words can (and often will) be unfamiliar to patients and families. The better explanations given, the more we can avoid misunderstanding and instead of creating greater anxiety, we can help reduce stress during the most vulnerable of times.



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Update for APRNs with Controlled Substance Prescriptive Authority

by Debra Funk, RN, Practice Administrator

Effective August 28, 2015, section 334.104.2 RSMo grants permission for APRNs who have been deemed eligible for controlled substance prescriptive authority by the Board of Nursing to prescribe Schedule II medications containing Hydrocodone. This change will permit APRNs in a collaborative practice arrangement (arrangement) with a physician to prescribe only medications containing Hydrocodone from Schedule II if delegated in the arrangement. The prescription is limited to a 120 hour supply without refill just like the Schedule III narcotics.

The Board of Nursing will not require any additional information from those who already have controlled substance prescriptive authority eligibility from the Board. New applicants will utilize an updated statement of controlled substance delegation form when applying for eligibility.

Those already registered with Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) may fax, email or mail a request to BNDD to have Schedule II medications containing hydrocodone added to their existing registration. BNDD will amend and update the registration for no fee.

Those who are re-applying with BNDD will have a Schedule II box to check on the updated renewal application. See below for BNDD contact information.

BNDD Fax number – 573-526-2569

BNDD Email address – [bndd@health.mo.gov](mailto:bndd@health.mo.gov)

BNDD mailing address – Missouri Department of Health and Senior Services PO Box 570 Jefferson City, MO 65102-0570

For other information about BNDD, go to <http://health.mo.gov/safety/bndd/>

Once you have updated your BNDD registration, you may go to the DEA website and make a similar request. <http://www.deadiversion.usdoj.gov/>

**IMPORTANT:** Don't forget to amend the controlled substance drug list in your collaborative practice arrangement to include Schedule II – medications containing Hydrocodone.

If you have additional questions, please contact the Practice section at the Board of Nursing office at 573-751-0063 or [megan.thomas@pr.mo.gov](mailto:megan.thomas@pr.mo.gov).

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Executive Director continued from page 1

be RNs, two of whom must be LPNs and one public member appointed by the governor. Board members are public officials and their meetings are open to the public, as are many of their records. The regulatory body is a governmental body to which individual health care practitioners **must** pay fees (called licensure fees) in order to practice legally in the state of Missouri.

- Associations and organizations are non-governmental bodies whose members pay voluntary membership dues. Officers are typically elected by association members. Association meetings can be closed to the general public.

Associations and the Board of Nursing share the goal of providing safe care to the citizens of Missouri; however, their ways of accomplishing this goal are significantly different.

- The Board exists solely to enforce the law and rules that regulate practice. The Board has authority to establish requirements individuals must meet to obtain a license to practice nursing. The Board approves pre-licensure nursing education programs, oversees the licensure examination of nurses, and takes disciplinary action when a licensee violates the law. These activities help to assure that only qualified individuals provide care to the public.
- Associations bring nurses together to develop professional standards and practices, codes of ethics, and to promote and protect the economic and general welfare of nurses. These activities also enhance patient safety by helping to improve the quality of the nursing care provided. Associations provide services to their members and represent the individuals who are part of that profession.

Enforcing the law

- When regulatory boards enforce the law, they impose penalties on individual licensees for failure to practice in accordance with that law. Those penalties may include a censure (reprimand), a practice restriction (probation), a suspension from practice, or revocation of the privilege to practice. The severity of the action taken depends upon the violation as well as aggravating and mitigating circumstances. It is important to note that the Board of Nursing enforces the law and the rules regulating the practice of nursing as the law currently is stated, not how individuals may wish the law to be. The Board only has the authority to take disciplinary action against those who are regulated by the Board. Those who are regulated by the Board are RNs, LPNs and APRNs. The Board may investigate situations that involve the activities of those who are not RNs, LPNs or APRNs; however, the Board cannot take action in cases involving non-licensees without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing. The Board can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.
- The Board does not have authority over the employers of nurses. Mandatory overtime, double shifts and other similar employment issues are outside of the Board's authority. But if an employer is directing nurses to act in ways that are not consistent with standards of safe care, as those are set forth in the law, the Board may be notified and a complaint may be filed so an investigation can proceed.

Missouri Nursing Organizations

Nursing organizations provide opportunities to connect with other nursing professionals, share best practices, learn

about trends and educational opportunities and advance the profession. The information that follows was provided by the respective Missouri nursing organizations. *Reprinting this information does not imply endorsement or approval by the Board;* the intent is to inform the reader of Missouri nursing organizations.

Association of Missouri Nurse Practitioners (AMNP)

The Association of Missouri Nurse Practitioners (AMNP), a new association in Missouri, was officially born June 30, 2015. This is the first statewide APN organization for nurse practitioners and clinical nurse specialists.

The Association of Missouri Nurse Practitioners (AMNP) is a not-for-profit professional organization for advanced practice registered nurses who advocate and deliver high quality health care to patients across their lifespan from pregnancy to geriatrics in a variety of settings. AMNP promotes the role of the Advanced Practice Registered Nurse through leadership, legislative activities and continuing education while promoting and advocating for excellence.

Purposes:

- To advance, support, and promote high standards of care delivered by nurse practitioners and clinical nurse specialists.
- To promote excellence in practice, education and research.
- To serve as a resource for nurse practitioners and clinical nurse specialists.
- To provide legislative leadership and represent interests of advanced practice registered nurses before the executive and legislative branches of the government on local, state, and federal levels.
- To advance health care policy by educating and disseminating information to stakeholders about the progression, capabilities, and high standards of care provided by the nurse practitioner and the clinical nurse specialist.
- To advocate for access to safe, effective, patient centered, timely, efficient, equitable, quality, and cost effective health care.
- To provide continuing education for the nurse practitioner and the clinical nurse specialist to assist and support knowledge, including professional growth in nurse practitioners and clinical nurse specialist.

You may contact them at [www.am-np.org](http://www.am-np.org), a Facebook page under the Association of Missouri's Nurse Practitioners, a LinkedIn page and Twitter.

AMNP is a member of the American Association of Nurse Practitioners and looks forward to working collaboratively with other nursing organizations in Missouri to promote the future practice of nurse practitioners and clinical nurse specialists.

Missouri Association of Nurse Anesthetists (MoANA)

The Missouri Association of Nurse Anesthetists (MoANA) was founded in 1935 and is a state chapter of the American Association of Nurse Anesthetists (AANA). AANA is the professional organization for more than 49,000 Certified Registered Nurse Anesthetists (CRNAs) in the U.S. MoANA represents over 1500 CRNAs licensed in Missouri.

AANA/MoANA is the CRNA power source for promoting and advancing the nurse anesthesia profession, patient safety, and practice excellence. AANA/MoANA membership gives CRNAs a strong voice in the legislative and regulatory issues that affect patients and practice; timely and relevant information and resources for professional development; and valuable member benefits, including discounts on meetings, workshops, and continuing education.

As advanced practice nurses, CRNAs administer approximately 40 million anesthetics in the United States each year. CRNAs practice in every setting where anesthesia

is available and are the primary providers of anesthesia care in rural America. CRNA provided anesthesia services are especially predominant in the rural, medically underserved areas of the state.

Of the Missouri counties with hospitals providing surgical services, approximately 45% offer anesthesia services provided solely by CRNAs. Without anesthesia services, rural Missouri hospitals would not be able to provide health care access to many surgical services. CRNA services include pre-anesthesia evaluation, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout surgery.

CRNAs have been providing anesthesia care in the U.S. for over 150 years. They administer every type of anesthetic, and provide care for every type of surgery or procedure, from open heart to cataract to pain management. Multiple studies support the safe, quality and cost-effective anesthesia care delivered by CRNAs. MoANA's mission is to advance the profession of nurse anesthesia to serve all citizens of Missouri.

AANA/MoANA membership is open to CRNAs and CRNA students enrolled in accredited educational programs. For more information about MoANA contact Carol Kemna at 573-634-8760 or visit our websites: [www.aana.com](http://www.aana.com) and [www.moana.org](http://www.moana.org).

The Missouri Organization of Nurse Leaders (MONL)

The Missouri Organization of Nurse Leaders offers its members educational and networking opportunities designed to encourage the advancement of effective nursing leadership in Missouri. Membership is open to all registered nurses in Missouri who serve in leadership positions or who aspire to be leaders. MONL membership also is available for graduate nursing faculty, nursing management consultants, editors of professional nursing journals and individuals employed by professional licensing, accrediting or quality improvement organizations that support MONL's mission and goals. MONL is a personal membership group of the Missouri Hospital Association and an affiliated local group of the American Organization of Nurse Executives.

MONL's vision is to promote nursing leadership today, while preparing nursing leaders for tomorrow. To achieve this, MONL:

- serves as a supportive, networking resource
- forms strategic relations and partnerships with other nursing organizations
- promotes the role of nurses in leadership positions through education, mentoring, career development, collaboration and recognition
- engages and energizes nurse leaders to envision and develop innovative and creative solutions to present and future nursing issues

An organization since 1979, MONL keeps members apprised of regulatory and legislative issues and advocates on behalf of its members. We strive to strengthen and increase MONL's visibility through networking and sharing best practices through our listserv, website, newsletter and

Executive Director continued on page 6

### RNs WANTED

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- Life Insurance
- Education Programs
- Uniforms Allowance
- Career Ladder And More

Contact Gwendolyn Fay Holland, Nurse Recruiter, 314-289-6479 for more information  
Apply online at [USAjobs.gov](http://USAjobs.gov)



Executive Director continued from page 5

representation on state, regional and national committees and task forces. We also work to build strategic relationships with other nursing and health care organizations such as the Missouri Nursing Coalition, Missouri Action Coalition, Missouri Center for Nursing, schools and regulatory bodies. Through conferences and our on-line database, MONL promotes educating, mentoring and developing excellent nurse leaders.

“MONL membership offers nurse leaders and emerging nurse leaders the opportunity to share lessons learned as well as to collaborate for a better tomorrow,” says MONL president, Debbie Wilson, RN, MSA, MSN, ACNS-BC, NEA-BC. “The value in health care today is in Nursing. There is no better time to join MONL than now.”

Membership dues are \$50 per year. To learn more about MONL, visit [www.monurseexec.org](http://www.monurseexec.org) or contact Sharon Burnett at 573/893-3700, ext. 1304 or [sburnett@mail.mhanet.com](mailto:sburnett@mail.mhanet.com).

The Missouri State Association of Licensed Practical Nurses, Inc. (MoSALPN)

The Missouri State Association of Licensed Practical Nurses (MoSALPN) is the official state association representing the Licensed Practical Nurse. The motto of the association is “Service above Self.” MoSALPN’s job is to raise the standards of the profession of practical nursing by providing leadership through an ongoing organization whose purpose is to represent the LPN in the workplace, and at all levels of government both local and national.

The Licensed Practical Nurse continues to be the bedside nurse, or office nurse or specialty nurse especially trained to perform those duties that promote the health and well-being of those they care for. In the medical world we live in, the LPN is regulated in the activities that he/she can perform. It is through the ongoing efforts of this Association that the LPN has remained a viable part of the health care community. MoSALPN continually monitors activities at the state and national capitol as bills are introduced that affect the practice of the LPN.

It is vital to the continued success of this Association that each LPN in the state make it a point to join the association so that we can continue to represent your profession not only at the capitol but also among health care service groups and other nursing associations in the state. To begin your membership, or to renew it, contact Vickie Smith at [mosalpn@cewnturylink.net](mailto:mosalpn@cewnturylink.net) or [www.mosalpn.org](http://www.mosalpn.org) or by calling 573-636-5659. Through your continued or newfound support, we will be able to continue in our mission to represent you and your profession.

Missouri Center for Nursing

The Missouri Center for Nursing is a new non-profit organization that provides opportunities for collaboration among nursing and health stakeholders to advance a culture of health for all Missourians. The vision of the Center is for individuals, families, and communities in Missouri to lead healthier lives, now and for generations to come.

The Center thrives on the intellectual contributions of individual nurses and health stakeholders but relies on the financial contributions of organizations and grantors. In order to move health in Missouri forward through the nursing profession, a diverse group of stakeholders and volunteers are necessary. The Center is governed by a fifteen member Board of Directors and receives recommendations from a fourteen member Advisory Council. This new structure was launched in April of 2015. The Board and Advisory Council membership represents consumers as well as nursing expertise

in the areas of education, leadership, and practice. Board members also represent all geographical areas of the state so that unique perspectives can be appreciated.

At the Center’s core are statewide activities that support the 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. Current projects include: the Direct Care Nurses Leadership Academy (leadership skills training for bedside nurses), Nurses on Boards (promoting the importance of and collecting data regarding nurses serving on hospital and community boards), mass mailing project (promoting current events through postcard mailers to all licensed nurses), and partnership building (forming partnerships with likeminded organizations). Projects on the horizon include: military medic to BSN (model for military medics to earn their BSN), diversity and inclusion (ensuring all Missouri consumers see themselves reflected in their caregivers), advocacy 101 (basic training for nurses to engage in advocacy efforts), and nursing in mental health (investigating needs, barriers, and opportunities for nurses in mental health professions).

We encourage you to learn more by visiting our website, [www.mocenterfornursing.org](http://www.mocenterfornursing.org), and by signing up to receive our email communications or email us at [info@mocenterfornursing.org](mailto:info@mocenterfornursing.org). Get involved today! Missourians are counting on you!

Missouri League for Nursing (MLN)

The Missouri League for Nursing (MLN) is a not-for-profit organization dedicated to helping nurses and other health care providers deliver the highest possible health care services. Since 1953 MLN has supported nurses and other health care providers through education, scholarship opportunities, collaboration and by serving as a job postings resource for its members. The MLN implements its mission guided by four dynamic and integrated core values that permeate the organization and are reflected in its work: Caring Integrity Diversity Excellence

MLN awards scholarships to promising nursing students each year and offers continuing education programs across Missouri, Arkansas and Kansas tailored for networking and educational resources to specific audiences. Thousands of health care providers have participated in MLN’s web-based learning opportunities, annual workshops and conferences for deans & directors of nursing schools, nursing faculty, nursing home administrators and directors of nursing, and other health professionals over the years. A full listing of MLN’s programs and activities can be found at its website, <http://mlnmonursing.org>.

MLN collaborates with other professional organizations around the state and has long been recognized as one of the top nursing organizations in the state. As a member of the Missouri League for Nursing you are invited to become involved by signing up to be a speaker, workshop coordinator, committee member, or member of the Board of Directors. Visit <http://mlnmonursing.org> or call 573-635-5355 for more information.

Missouri Nurses Association (MONA)

Founded in 1906, Missouri Nurses Association (MONA) is the only full-service professional association representing Missouri’s 90,000+ licensed registered nurses. MONA is a nonprofit association and constituent member of the American Nurses Association (ANA), representing Missouri RNs and speaking on behalf of professional nurses.

Since its inception, MONA has been helping nurses navigate an increasingly complex health care environment. MONA is the largest and most widely recognized professional nursing association in Missouri with members from all practice roles and settings. While many organizations talk

about what they do for their members, MONA has been delivering results benefiting nurses for over 100 years.

MONA is led by a seven member Board of Directors, elected by association members and staffed by a full-time Chief Executive Officer (CEO), two full-time, and four part-time office staff.

In addition, MONA has a contracted lobbyist working under the direction of the CEO, guided by the Board of Directors’ approved legislative agenda, and in collaboration with the Advocacy Committee. MONA is at the forefront of policy initiatives pertaining to health care.

The **MISSION** of MONA is to promote, protect, and enhance registered professional nursing practice through advocacy, education, collaboration and partnership. The **PURPOSES** of MONA shall be to act and speak for the nursing profession and Missouri’s professional nurses and to promote and enhance safe and accountable professional nursing practice.

MONA offers the opportunity to develop nurses’ leadership skills outside of the practice setting with opportunities to serve on committees, task forces and coalitions at the state level and nationally through ANA. The opportunities are diverse and many. By joining the Missouri Nurses Association, nurses make the statement that being a registered nurse one’s profession and the desire to be involved in decisions that affect one’s practice and profession.

To learn more about MONA, visit [www.missourinurses.org](http://www.missourinurses.org), email [info@missourinurses.org](mailto:info@missourinurses.org), or call 573-636-4623.

2015 Fiscal Year Statistics

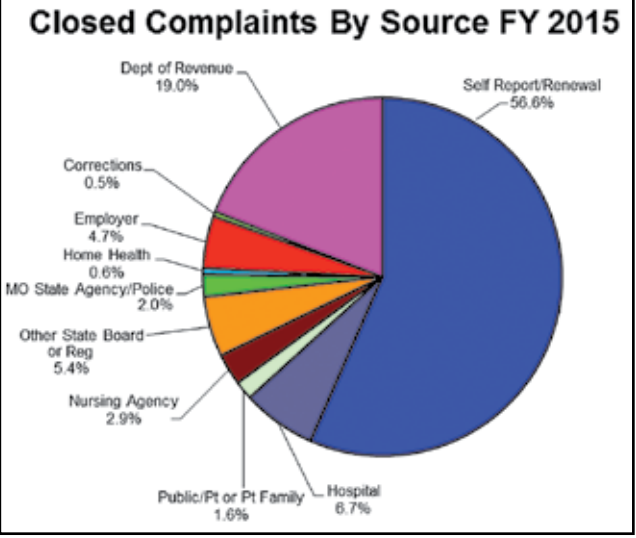
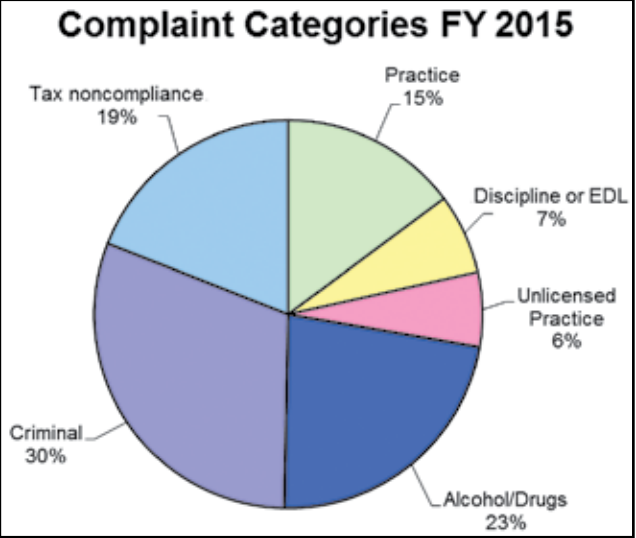
The 2015 fiscal year for Missouri State government began July 1, 2014 and ended June 30, 2015.

The Board reviews complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. The Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see §335.066 RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee’s file.
- Probation—places terms and conditions on the licensee’s license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed three years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 1989 Board decisions made in fiscal year 2015.



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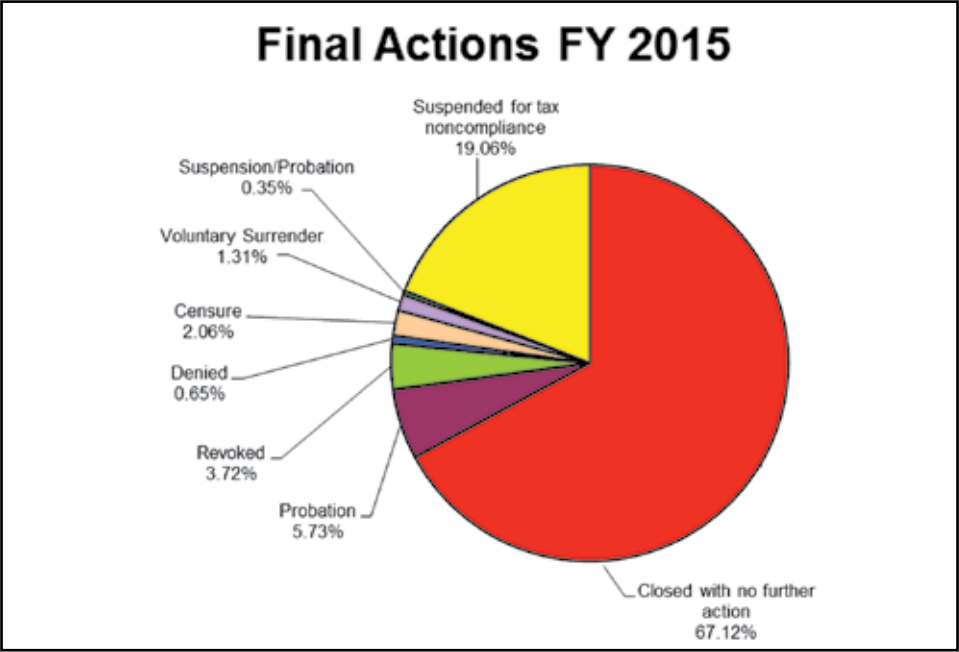
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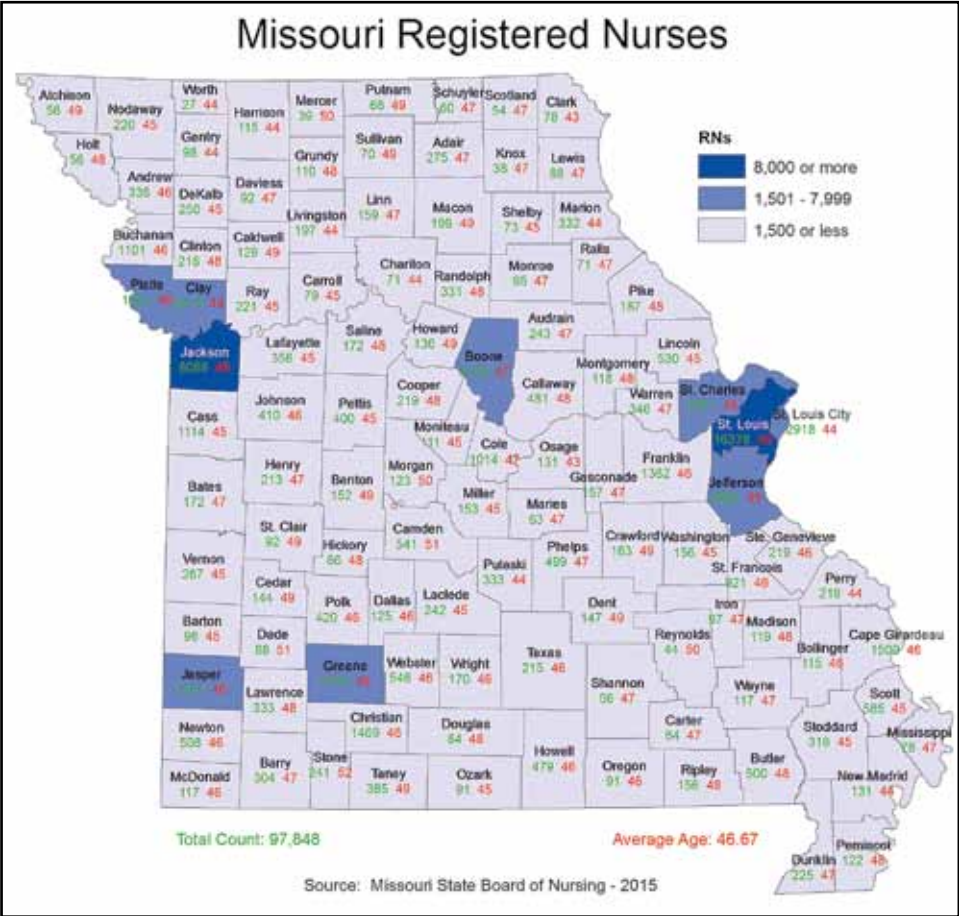
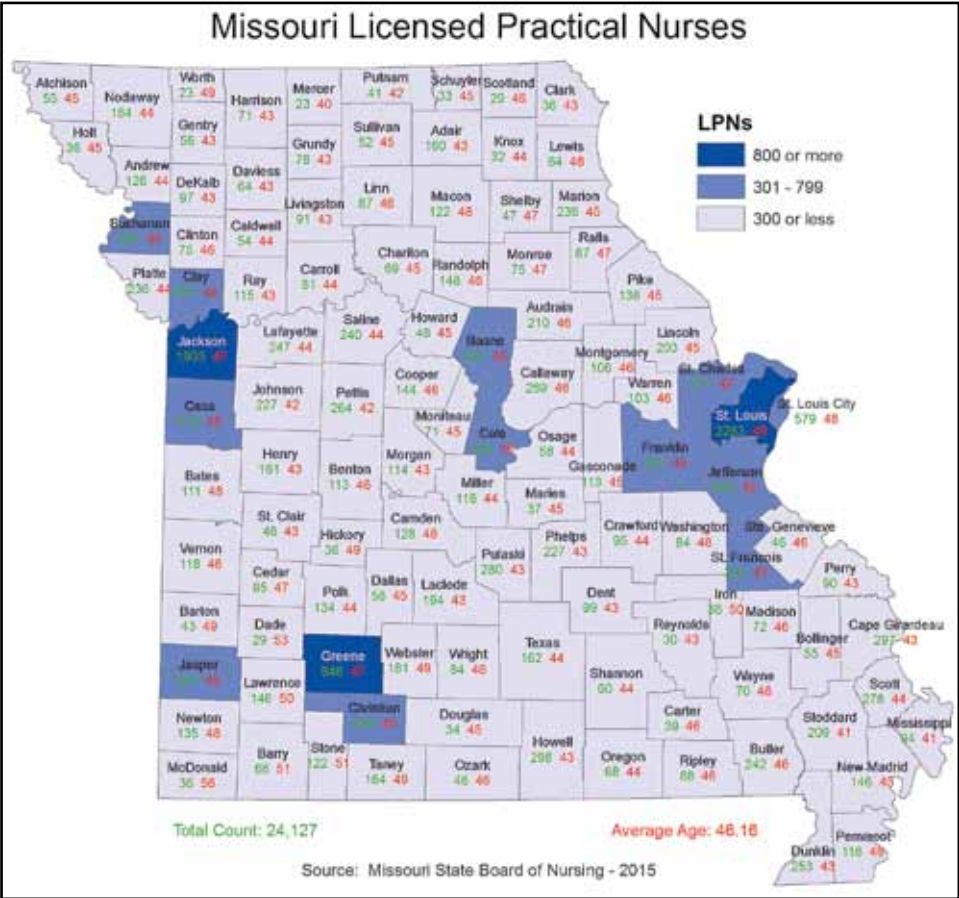
For more information call 800-833-0524 x 4717 or visit online - [www.graceland.edu/MOBN](http://www.graceland.edu/MOBN)



The next chart shows the actions taken by the Board for those complaints and application reviews.



The following three maps depict the average age by county and the number of nurses in each county who had a current Missouri nursing license and Missouri primary address as of July 1, 2015. The average age on the following maps is the average age of nurses that reported Missouri primary residence.



Licenses Issued in Fiscal Year 2015

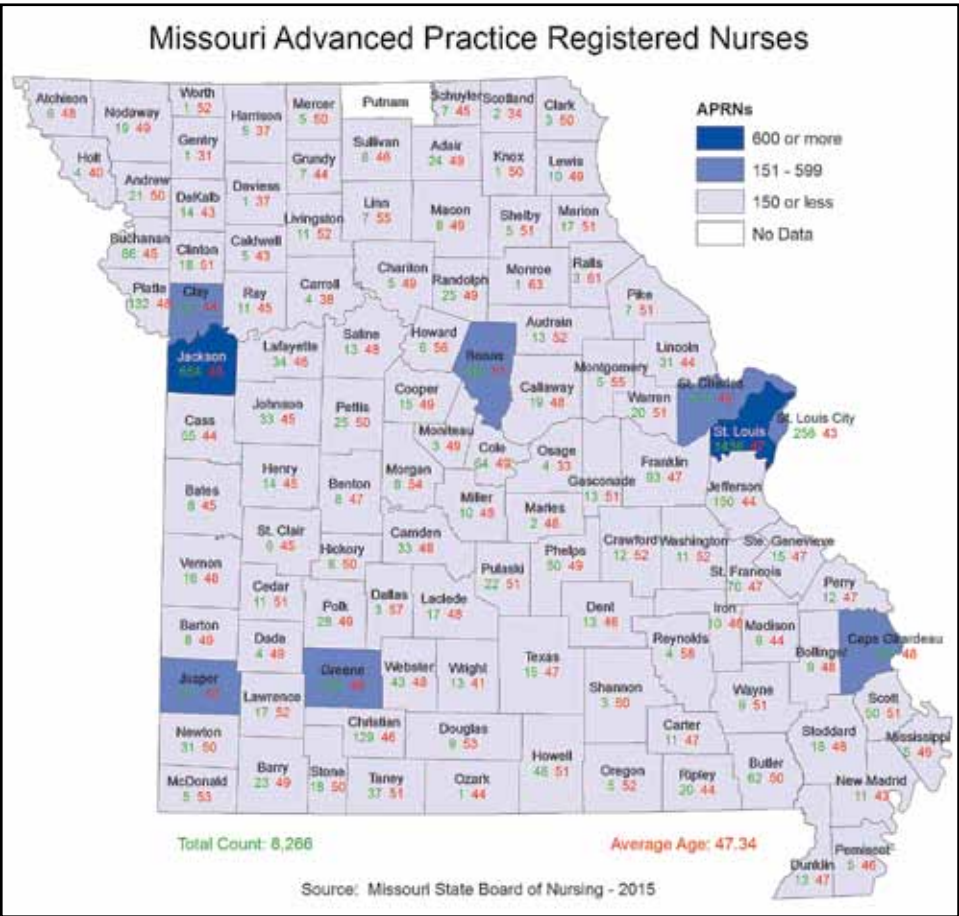
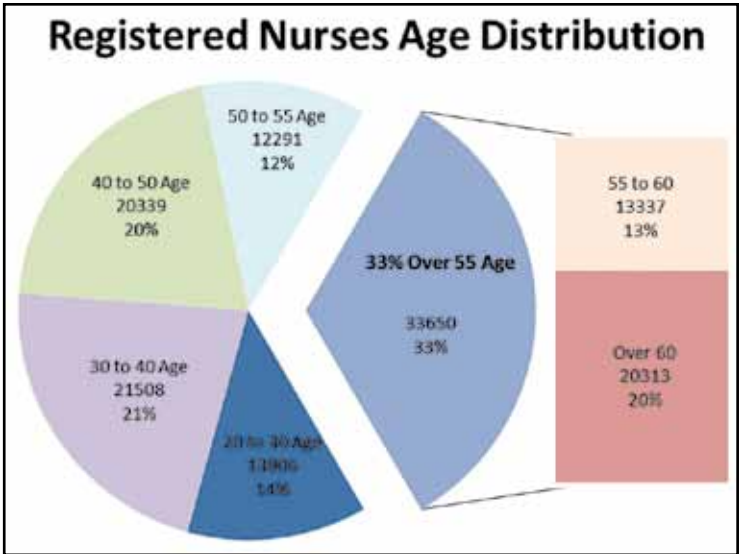
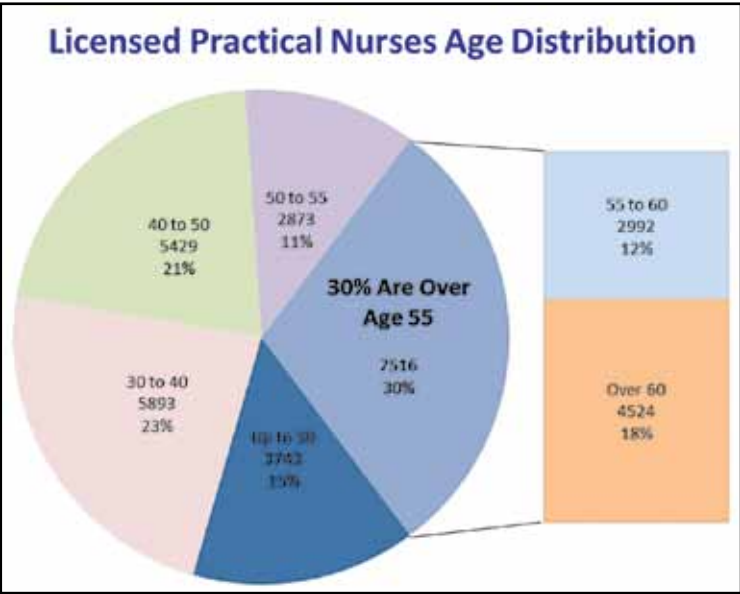
	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3,732	1,203
Licensure by Endorsement	2,028	246
Licensure by Renewal of a Lapsed or Inactive License	1,048	574
Number of Nurses holding a current nursing license in Missouri as of 6/30/2015	97,840	24,134

There were 954 new Advanced Practice Registered Nurse applications approved in fiscal year 2015.

The Board granted 263 nurses advanced prescriptive authority in fiscal year 2015. There are currently 1,153 Advanced Practice Registered Nurses with controlled substance prescriptive authority.

Age Distribution

The board continues to keep a close eye on the age distribution of nurses as many are at or near retirement.





# 2015 GOLDEN AWARDS

We are happy to announce that *Golden Certificates* were recently sent to 298 Registered Nurses and 30 Licensed Practical Nurses. These individuals have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the tenth year of our Golden Award Recognition program. A list of those receiving Golden Certificates follows.

LPN	Edna M. Richardson	Saint Louis, MO	RN	Virginia A. Higgins	Saint Louis, MO	RN	Joyce E. Gusewelle	Edwardsville, IL
LPN	Barbara J. Southern	Jefferson City, MO	RN	Mary E. Kantz	St. Charles, MO	RN	Joyce A. Fleer	Owensville, MO
LPN	Clara Elizabeth Tremaine	Jefferson City, MO	RN	Ruth A. Kalinowski	O' Fallon, MO	RN	Joan E. Dwyer	Troy, MO
LPN	Glenda B. Mickelis	K.C., MO	RN	Sharon M. Waldmann	Saint Louis, MO	RN	Carolyn R. Sitzes	O'fallon, IL
LPN	Janice R. Yates	Marceline, MO	RN	Rose A. Notheis	Saint Louis, MO	RN	Melba A. Read	Rolla, MO
LPN	Robert L. Stotler	Park Hills, MO	RN	Sandra S. Tredway	Saint Charles, MO	RN	Carolyn P. Rauch	Saint Joseph, IL
LPN	Josephine T. Matthews	Farmington, MO	RN	Dianne L. Echols	Bland, MO	RN	Marcella Termaat	Ballwin, MO
LPN	Charlotte M. Highfill	Springfield, MO	RN	Patricia L. Rushin	Jackson, MO	RN	Lylene V. Dolen	Saint Louis, MO
LPN	Queen O. McClellon	Auburn Hills, MI	RN	Virginia L. Catalano	Birmingham, AL	RN	Carolyn J. Rogers	Montgomery City, MO
LPN	Linda E. Seba	Raymore, MO	RN	Lucia K. Bellovich	Webster Groves, MO	RN	Janet D. Lutke	Dardenne Prairie, MO
LPN	Colleen Y. Wyatt	Kaiser, MO	RN	Ellen M. Burkemper	Troy, MO	RN	Lois D. Cox	Eminence, MO
LPN	Donna S. Kendrick	Poplar Bluff, MO	RN	Judith A. Carey	Saint Louis, MO	RN	Judith L. Zentner	Hickory, NC
LPN	Carolyn Jo Henry	E. Prairie, MO	RN	Maureen F. Pedrotti	Shawnee Mission, KS	RN	Linda B. Shipman	Carthage, MO
LPN	Betty D. Fenton	Sikeston, MO	RN	Alberta A. Geczi	Saint Louis, MO	RN	Janet H. Smith	Excelsior Springs, MO
LPN	Amalia L. Duvall	Saint Louis, MO	RN	Mary Anne Butler	Golden, MO	RN	Jean W. Reichert	Liberty, MO
LPN	Virginia C. Obersteadt	Saint Joseph, MO	RN	Rosalie M. Gwaltney	Carthage, MO	RN	Mary V. Koppler	Springfield, MO
LPN	Eva H. Erby	New London, MO	RN	Geneva A. Jokerst	Farmington, MO	RN	Linda S. McNatt	Aurora, MO
LPN	Elsie J. Threlkeld	Fulton, MO	RN	Ruth Ann T. Kuhlmann	Saint Louis, MO	RN	Judy K. Hancock	Galena, KS
LPN	Carole E. Smith	New London, MO	RN	Patricia C. Kessler	Grafton, IL	RN	Vicki E. Decker	Greenfield, MO
LPN	Lila Jean Ferry	Wentzville, MO	RN	Martha E. Cardwell	Jefferson City, MO	RN	Shirley R. Willard	Lebanon, MO
LPN	Sharon Kay Terry	Hartsburg, MO	RN	Judith A. Bell	Saint Louis, MO	RN	Sharon C. LeFors	Lebanon, MO
LPN	Doris J. Johnson	Dexter, MO	RN	Marilyn B. Hogoboom	Saint Louis, MO	RN	Bobbie R. McClanahan	Lebanon, MO
LPN	Kathryn A. Adams	Kansas City, MO	RN	Carla C. Walker	Glendale, MO	RN	Carol D. Alarcon	Sedalia, MO
LPN	Carol B. Long	Mexico, MO	RN	Jean E. Scheibal	Town & Country, MO	RN	Karen B. Ourth	Nauvoo, IL
LPN	Jeanette B. Gibbs	Cedar Hill, MO	RN	Eloise V. Crayton	Florissant, MO	RN	Sharon L. Kirkpatrick	Lee's Summit, MO
LPN	Harriet V. Crenshaw	Saint Louis, MO	RN	Judith A. Gerber	Glendale, MO	RN	Sandra L. Oertwig	Independence, MO
LPN	Helen Jean Young	Florissant, MO	RN	Phyllis A. Hickey	Webster Groves, MO	RN	Patricia A. Cotterell	Independence, MO
LPN	Judith A. Roussin	Festus, MO	RN	Mary E. Coats	West Plains, MO	RN	Larena J. Saldivar	Chillicothe, MO
LPN	Mary E. Demarco	Fenton, MO	RN	Virginia L. Galkowski	Chesterfield, MO	RN	June Ann Humphrey	Columbia, MO
LPN	Wanda L. Samuels	Aurora, MO	RN	Robert K. Wurst	Springfield, MO	RN	Connie L. Bonebrake	Saint Joseph, MO
RN	Jayne C. Ackley	Huntley, IL	RN	Sarah A. Wojciechowski	Ozark, MO	RN	Beverly A. Culver	King City, MO
RN	Virginia M. Manansala	Saint Louis, MO	RN	Adrienne M. Thies	Fayette, MO	RN	Mary E. Greer	Dearborn, MO
RN	Clara Eaton	Dardenne Prairie, MO	RN	Cheryl L. Goddard	Springfield, MO	RN	Carolyn M. Blake	Wildwood, MO
RN	Karen S. Eoriatti	Drexel, MO	RN	Mary M. Metzger	Ellisville, MO	RN	Marilyn H. Kistler	Olivette, MO
RN	Carolyn J. Green-Nigro	Olathe, KS	RN	Joyce Hunter	Saint Louis, MO	RN	Karen B. Wasserman	Worthington, OH
RN	Rosemary L. Fahlstrom	Pr. Vil, KS	RN	Suzanne M. Hallemann	St. Louis, MO	RN	Nancy P. Graul	Glencoe, MO
RN	Rita Allen	Saint Louis, MO	RN	Jara H. Simon	Saint Louis, MO	RN	Charlotte A. Bertermann	Hinsdale, IL
RN	Marilyn J. Hobein	Saint Louis, MO	RN	Carol A. Stosberg	Dittmer, MO	RN	Barbara C. Kovac	Cocoa Beach, FL
RN	Jo C. Porter	Lees Summit, MO	RN	Joann Y. Broome	St. Charles, MO	RN	Judith L. Israel	North Pole, AK
RN	Marjorie L. Beck	Grandview, MO	RN	Anita C. Hepler	Dearborn, MO	RN	Margaret K. Doias	Saint Louis, MO
RN	Patricia E. Linnhoff	Kansas City, MO	RN	Keranne J. Brown	Linneus, MO	RN	Patricia J. Hawkins	Chesterfield, MO
RN	Joyce E. Wilkerson	Gower, MO	RN	Darlene S. Huff	Columbia, MO	RN	Naomi N. Normington	Eureka, MO
RN	Juanita Crawford	Kansas City, MO	RN	Beverly S. Piepenbrok	Jackson, MO	RN	Deanna M. Warner	Pacific, MO
RN	Carolyn C. Dobbs	Macon, MO	RN	Sharon D. Stowers	Centralia, MO	RN	Alvyne C. Rethemeyer	Saint Peters, MO
RN	Horestine B. Coleman	Saint Louis, MO	RN	Linda C. Jones	Lee's Summit, MO	RN	Loretta L. Nagel	Middletown, MO
RN	Nancy G. Sullivan	Chesterfield, MO	RN	Marsha R. Clingman	Holts Summit, MO	RN	Dorinda R. Moynihan	Saint Louis, MO
RN	Marilyn H. Worthan	Liberty, MO	RN	Kay L. Robertson	Columbia, MO	RN	Eileen M. Gross	Saint Charles, MO
RN	Maud M. Jeanty	Saint Louis, MO	RN	Janet W. Clendenin	Saint Louis, MO	RN	Jeanette M. Kreimer	Blue Springs, MO
RN	Barbara W. Mountjoy	Carthage, MO	RN	Cheryl K. Barr	Kansas City, MO	RN	Elizabeth M. Donaldson	Prairie Village, KS
RN	Freida L. Allen	Fredericktown, MO	RN	Mary P. Sweeney	Kansas Cy, MO	RN	Carolyn J. Oneill	Overland Park, KS
RN	Patricia A. Mcguire	Jefferson City, MO	RN	Jo-Eileen Gyulay	Overland Park, KS	RN	Anna M. White	Kansas City, MO
RN	Judith D. Vilmer	Polo, MO	RN	Mary E. Schmidt	Pacific, MO	RN	Doris A. James	New Cambria, MO
RN	Rita H. Henry	Indep. MO	RN	Barbara E. C. Hupper	Bowling Green, MO	RN	Margaret M. Heimann, Sr	Saint Louis, MO
RN	Josephine S. O'Neill	Des Peres, MO	RN	Doris J. Cruz	Ballwin, MO	RN	Joyce A. Ware	Maryville, MO
RN	Noreen C. Purcell	Kansas City, MO	RN	Mildred Karen E. Neumann	Columbia, MO	RN	Barbara J. Oconnell	Maryville, MO
RN	Marilyn K. Nelson	Kansas City, MO	RN	Sharon I. Chouinard	Sikeston, MO	RN	Carolyn W. Madden	Stanberry, MO
RN	Joan M. Meyer	Saint Louis, MO	RN	Mary Ellen Murray-Grohar	Brentwood, MO	RN	Martha A. Brizendine	Lees Summit, MO
RN	Donna M. Tharp	Kirkwood, MO	RN	Virginia J. Dooley	Gallatin, MO	RN	Linda L. Sprague	Branson, MO
RN	Barbara B. Malone-Bequette	Camdenton, MO	RN	Donna M. Kolinski	Saint Louis, MO	RN	Paula G. Farnham	Independence, MO
RN	Sharon L. Tindall	Lake Saint Louis, MO	RN	Mary E. Duffield	Florissant, MO	RN	Sharon G. Buro	New Port Richey, FL
RN	Joanna H. Adelsberger	House Spring, MO	RN	Dixie L. Pickett	Trenton, MO	RN	Vera R. Gibson	Chillicothe, MO
RN	Clara M. Jackson	Saint Louis, MO	RN	Barbara A. Howard	Joplin, MO	RN	Caron L. Harrison	Springfield, MO
RN	Mary E. Wansing	Vienna, MO	RN	Kathleen P. Smith	Valley Park, MO	RN	Joan W. Parks	Concordia, MO
RN	Photene S. Schwarz	Arnold, MO	RN	Mary F. Valiant	Saint Louis, MO	RN	Judith P. Housh	Polo, MO
RN	Anne M. Briginshaw	Overland Park, KS	RN	Sheila M. Garcia	Saint Louis, MO	RN	Karen L. Hile	Lees Summit, MO
RN	Connie K. Walker	St. Chas, MO	RN	Mary P. Henehan	Saint Louis, MO	RN	Betty J. Tyndall	Republic, MO
RN	Paula S. Rost	New Madrid, MO	RN	June R. Hieronymus	Nelson, MO	RN	Sharon M. Shackelford	Springfield, MO
RN	Kendall M. Branson	Kansas City, MO	RN	Terri Streeter	Kansas City, MO	RN	Rebecca J. Rastkar	Columbia, MO
RN	Judith A. Anderson	Independence, MO	RN	Judith A. Goellner	Saint Louis, MO	RN	Karen Kay Payne	Jefferson City, MO
RN	Jacklyn S. Kenney	El Dorado Springs, MO	RN	Linda A. Powell	Manchester, MO	RN	Glenda F. Hunton	Sedalia, MO
RN	Judith A. Pearce	Edina, MO	RN	Marcia E. Lauter	Saint Louis, MO	RN	Karen R. Sumpter	Independence, MO
RN	Darwa Jean Cotton	Mancheester, MO	RN	Patricia A. Kelly	Bridgeton, MO	RN	Judith J. Downing	Conway, MO
RN	Helen Joan Cuteschen	Kansas City, MO	RN	Peggy E. Schaffer	Chesterfield, MO	RN	Letha B. Broemmer	Camdenton, MO
RN	Jo Ellen C. Nicholson	Springfield, MO	RN	Patricia L. Brandt	Saint Louis, MO	RN	Phillis M. Hillman	Godfrey, IL
RN	Marcia A. Winkelmann	Barnhart, MO	RN	Karen J. Simon	Granite City, IL	RN	Sue E. Keller	St. Charles, MO
RN	Georgia L. Stephens	Shawnee, KS	RN	Nancy A. Dunn	Saint Louis, MO	RN	Coralee M. Thompson	Birch Tree, MO
RN	Virginia M. Burrow	Jamesport, MO	RN	Mary C. Canda	Ballwin, MO	RN	Barbara Jones Watkins	Webster Grvs, MO
RN	Helen A. Schaag	Kansas City, MO	RN	Jeanne A. Kelpe	Cape Girardeau, MO	RN	Georgia K. Vogelsang	Saint Louis, MO
RN	Judith C. Neuweg	Kirksville, MO	RN	Judith A. Jackson	Mehlville, MO	RN	Ivah M. Scott	Jefferson City, MO
RN	Margaret P. Booker	St. Charles, MO	RN	Peggy L. Marrero	Columbia, MO	RN	Joetta G. Drake	Saint Charles, MO
RN	Ella C. Lavalley	New Madrid, MO	RN	Janet C. James	Cape Girardeau, MO	RN	Barbara A. Ruiz	Ballwin, MO
RN	Patricia R. Armin	Marceline, MO	RN	Ruth A. Schuette	Jackson, MO	RN	Kathleen A. Hummel	House Springs, MO
RN	Virginia L. Klein	Overland Park, KS	RN	Carolyn S. Kyle	Cp. Girardeau, MO	RN	Mary P. Harmon	Ballwin, MO
RN	Charlotte A. Curtin	Saint Louis, MO	RN	Teri L. Mc Carthy	Clayton, MO	RN	Judith A. Neary	Ballwin, MO
RN	Carol P. Bridgroom	Florissant, MO	RN	Judith S. Menz	Sikeston, MO	RN	Georgia P. Short	Hannibal, MO
RN	Donna Brockgreitens	St. Charles, MO	RN	Orris A. Froberg	Ponte Vedra, FL	RN	Barbara W. Moore	Saint Louis, MO



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RN	Jacqueline Calvin	Florissant, MO	RN	Fonzella L. Troupe	Saint Louis, MO
RN	Zenobia T. Thompson	Saint Louis, MO	RN	Patricia A. Harrington	Grover, MO
RN	Janet M. Koenig	Perryville, MO	RN	Melodee S. Brady	Garden City, MO
RN	Mary L. Lee	Saint Louis, MO	RN	Kathrene M. Harnacker	Saint Louis, MO
RN	Marcia H. Shoemake	Hazelwd, MO	RN	Linda K. Anderton	Lebanon, MO
RN	Sandra Maxine Morrison	Kimberling City, MO	RN	Esther D. Million	University, MO
RN	Margaret J. Stevens	Lathrop, MO	RN	Mary Ann Cranmer	Washington, MO
RN	Marcile R. Lewis	Warrensburg, MO	RN	Joy L. Williams	Saint Louis, MO
RN	Geraldine F. Schnackenberg	Neosho, MO	RN	Odessa Thomas	Saint Louis, MO
RN	Betty L. Boyd	Lees Summit, MO	RN	Bessie L. Wilson	Springfield, MO
RN	Joyce L. Wilson	Springfield, MO	RN	Julia A. Bealer	Joplin, MO
RN	Susan K. Birmingham	Kirkwood, MO	RN	Janet M. Striebel	House Springs, MO
RN	Mary L. Fitzsimmons	Saint Louis, MO	RN	Nadine Carey	Ballwin, MO
RN	Beverly B. Brown	Branson, MO	RN	Patricia L. Allen	Saint Louis, MO
RN	Elita V. Finnerty	Saint Louis, MO	RN	Margaret J. Fairchild	Saint Louis, MO
RN	Winifred I. Winters	Daytona Beach, FL	RN	James E. Enyart	Centralia, MO
RN	Bonnie L. Peterson	Lawrence, KS	RN	Erma J. Armstrong	Moberly, MO
RN	Jean G. Colona	Independence, MO	RN	Lois J. Miller	Florissant, MO
RN	Mary K. Cook	Quincy, IL	RN	Florine J. Scott	Saint Louis, MO
RN	Ruth A. Manley	Kansas City, MO	RN	Ann C. Smith	Marshfield, MO
RN	Marilyn Clark McMahon	Independence, MO	RN	Mary R. Carroll	Woodson Terra, MO
RN	Eleanor Ann Nelson	Lenexa, KS	RN	Audrey A. Freitag	New Haven, MO
RN	Nancy T. Snyder	Carl Junction, MO	RN	Elaine P. Samuel	Columbia, MO
RN	Julia K. Fugate	Kansas City, MO	RN	Carolyn S. Burton	Sikeston, MO
RN	Rita M. White-Kraushaar	Laguna Niguel, CA	RN	Martha E. Moore	Bowling Green, MO
RN	Lauretta R. Cave	St. Charles, MO	RN	Barbara J. Black	Holts Summit, MO
RN	Romana Welsh	Washington, MO	RN	Shirley R. Grafton	Hannibal, MO
RN	Nancy C. King	Kansas City, MO	RN	Linda E. Eckelberry	Hamilton, MO
RN	Mary D. Smith	Saint Louis, MO	RN	Mary J. Eichelberger	Joplin, MO
RN	Lillian S. Arsenault	Springfield, MO	RN	Janice S. Falke	Chesterfield, MO
RN	Judith G. Winkelmann	Saint Louis, MO	RN	Jo A. Coogan	Lake Saint Louis, MO
RN	Sharon F. Stripling	Kansas City, MO	RN	Eugenie M. Saeys	Wentzville, MO
RN	Freda L. Cooper	Lees Summit, MO	RN	Edna M. Barbee	Grandview, MO
RN	Virginia R. Johnson	Saint Louis, MO	RN	Sarah L. Ellis	Blue Springs, MO



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# Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

## CENSURE

**Crawford, Jeannette M.**  
St. Charles, MO  
**Registered Nurse 092995**  
Licensee practiced nursing in Missouri without a license from May 1, 2013, to April 14, 2015.  
Censure 06/25/2015 to 06/26/2015

**Groves, Neil E.**  
Jefferson City, MO  
**Registered Nurse 145644**  
Licensee practiced nursing in Missouri without a license from May 1, 2013, to May 4, 2015.  
Censure 06/16/2015 to 06/17/2015

**Helmering, Karla K.**  
Linn, MO  
**Licensed Practical Nurse 042147**  
On November 25, 2013 Licensee assumed responsibility for a patient who reported complaints with his ear. Licensee did not document correctly that the patient’s physician would be notified, and did not document her evaluation of the patient correctly.  
Censure 07/31/2015 to 08/01/2015

**Burris, Avelas L.**  
Kansas City, MO  
**Licensed Practical Nurse 046088**  
Licensee practiced nursing in Missouri without a license from June 1, 2014, to June 30, 2015.  
Censure 08/19/2015 to 08/20/2015

**Metzger, Rena H.**  
Hurst, TX  
**Registered Nurse 2005020680**  
On June 3, 2013, Licensee was administering Flagyl to a patient by IV. Licensee hung the IV bag and documented the administration of the medication. When Licensee was getting ready to leave her

### CENSURE continued...

shift, she looked into the patient’s room and saw the IV bag still hanging and documented a stop time, indicating the administration was finished. It was later discovered that the Flagyl had failed to infuse and that the IV bag was still full. On July 25, 2013, Licensee was caring for a patient who had orders to receive a drug via intraocular administration. Licensee received the oral form of the drug from the pharmacy to administer to the patient. She scanned the barcode on the medication and the medication into the electronic medication administration record. Licensee received an error message, but Licensee overrode the error message. Licensee then gave the medication to the patient via intraocular administration. When Licensee received the error message from the medication bar code system, Licensee failed to confirm that she was giving the right medicine to the right patient via the correct route resulting in improper patient care.  
Censure 07/15/2015 to 07/16/2015

**Walden, Elizabeth A.**  
Excelsior Springs, MO  
**Licensed Practical Nurse 046306**  
Licensee practiced nursing in Missouri without a license from June 1, 2014, to June 22, 2015.  
Censure 08/11/2015 to 08/12/2015

**Hughes, Jane N.**  
Roeland Park, KS  
**Registered Nurse 130989**  
Licensee practiced nursing in Missouri without a license from May 1, 2013, to May 11, 2015.  
Censure 06/25/2015 to 06/26/2015

**Collins, Karen J.**  
Stockton, MO  
**Registered Nurse 123405**  
Licensee practiced nursing in Missouri without a license from May 1, 2013, to April 24, 2015.  
Censure 06/25/2015 to 06/26/2015

**Miller, Shari L.**  
Marshfield, MO  
**Licensed Practical Nurse 046957**  
Licensee practiced nursing in Missouri without a license from June 1, 2012, to April 13, 2015.  
Censure 06/25/2015 to 06/26/2015

**Thompson, Jean E.**  
Saint Louis, MO  
**Registered Nurse 149676**  
Licensee practiced nursing in Missouri without a license from May 1, 2013, to April 6, 2015.  
Censure 07/24/2015 to 07/25/2015

## PROBATION

**Spaulding, Debra L.**  
Hazelwood, MO  
**Registered Nurse 127214**  
On January 8, 2015, Licensee withdrew unit stock insulin and injected herself in her abdomen. Licensee did not document this occurrence and was not a patient. Licensee admitted that she had

### PROBATION continued...

injected herself and stated she had done so because although she did have a prescription for insulin that she usually administered by “pen,” she did not have any of her own insulin with her on that particular morning.  
Probation 06/25/2015 to 06/25/2016

**Hummert, Patricia E.**  
Saint Louis, MO  
**Registered Nurse 110997**  
On November 19, 2014, Licensee accessed medical records for twenty-two (22) patients, only six (6) of whom were assigned to her caseload. Licensee had a previous access violation in February 2013. Licensee was verbally redirected and given further education on medical record access. Licensee received further training on medical record access in August 2013. In Fall 2013 and Fall 2014, Licensee participated in Blitz training which included mandatory HIPAA education. Licensee admitted that she had accessed the twenty-two medical records on November 19, 2014, and knew that she should not have accessed them.  
Probation 08/27/2015 to 08/27/2016

**Jameson, Sarah LaVerne**  
Hillsboro, MO  
**Registered Nurse 2009031404**  
On or about October 7, 2014, Licensee was observed by coworkers to have slurred speech, be off balance, and have trouble keeping both eyes open causing co-workers to believe she was impaired. Licensee was requested to take a drug screen, which was positive for opiates.  
Probation 08/27/2015 to 08/27/2020

**Walker, Sarah Mae**  
Eldon, MO  
**Licensed Practical Nurse 2004024525**  
Licensee pled guilty on May 23, 2006, to two (2) counts of the class C misdemeanor of assault in the third degree. On June 13, 2012, Licensee pled guilty to the class B misdemeanor of driving while intoxicated - drug intoxication. Licensee pled guilty to driving while under the influence of Soma. On May 9, 2013, Licensee pled guilty to the class C felony of possession of a controlled substance. Licensee pled guilty to possessing methamphetamine On May 10, 2013, Licensee pled guilty to the class C felony of possession of a controlled substance. Licensee pled guilty to possessing Lorcet. On August 8, 2013, Licensee pled guilty, to the class D felony of leaving the scene of a motor vehicle accident. Licensee admitted to using/ abusing heroin, methamphetamine, cocaine, marijuana, Lortab or Soma.  
Probation 06/01/2015 to 06/01/2020

**Tharp, Lindsay Noelle**  
Lees Summit, MO  
**Registered Nurse 2005026893**  
In Mid-October 2013, co-workers began to have concerns about licensee’s administration and wasting of narcotics and notified officials. A medication audit revealed licensee had several discrepancies in her dispensing of narcotics and was wasting medications far above the rate of her peers. A review of Licensee’s documentation revealed that 5.5 mg of Dilaudid and 9 mg of Morphine were unaccounted for.  
Probation 08/29/2015 to 08/29/2018

**Partin, Laura A.**  
Queen City, MO  
**Licensed Practical Nurse 042289**  
On July 21, 2014, Licensee turned in skin assessments that had been performed on some of her patients. On July 22, 2014, the Director of Nursing reviewed the skin assessments and discovered that Licensee had turned in some skin assessments which had completion dates of July 22, 2014. Licensee turned in a skin assessment for patient WS which was completed on July 21, 2014. Licensee turned in the same skin assessment report for patient WS with a completion date of July 22, 2014. Licensee turned in a skin assessment for patient ES which was completed on July 21, 2014. Licensee turned in the same skin assessment report for patient ES with a completion date of July 22, 2014. Licensee turned in a skin assessment for patient KL which

Probation continued on page 11

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Probation continued from page 10

was completed on July 21, 2014. Licensee turned in the same skin assessment report for patient KL with a completion date of July 22, 2014. Licensee turned in a skin assessment for patient RB with a completion date of July 22, 2014. Licensee did not work on July 22, 2014. The DON questioned Licensee about the dates on the skin assessments. Licensee admitted to the DON that she had been busy and turned in the same skin assessment on some of her patients to cover two (2) different skin assessment reporting periods. Probation 07/15/2015 to 07/15/2016

**Drury, Sasha**  
Columbia, MO

**Registered Nurse 2006010191**  
On July 12, 2013 at 21:00, pharmacist CC received a telephone prescription order. The prescription order was for Xanax and was requested by nurse JS for patient PD. The prescription was allegedly ordered by doctor PB. Doctors PB and RH both stated that they did not order any prescriptions of Xanax on the evening of July 12, 2013. Nurse JS stated that she left around 20:00 and did not call in any prescriptions. Licensee admitted that she called in the prescription for Xanax using another nurse's name and a false patient name and attempted to pick up the prescription. Probation 06/30/2015 to 06/30/2018

**Townsend, Dennis James**  
Port Charlotte, FL

**Registered Nurse 2015019234**  
On December 4, 1996, Applicant pled guilty to the class B misdemeanor of driving while intoxicated. On June 28, 2000, Applicant pled guilty to the class A misdemeanor of driving while intoxicated. On August 26, 2010, Applicant pled guilty to operating a motor vehicle while under the influence of liquor-drugs. On May 14, 2012, Applicant pled guilty to the class A person misdemeanor of endangering a child in the State of Kansas. Probation 06/17/2015 to 06/17/2020

**Polen, Amber Sue**  
Lees Summit, MO

**Licensed Practical Nurse 2010035762**  
On August 19, 2013, Respondent presented to agency a signed clinical note for a shift worked on August 17, 2013, in a patient's home. Later that day, the patient in question reported to agency that Respondent never arrived at the home on that day. Respondent, who received payment for that particular shift, when confronted by agency officials, admitted that she had not worked the shift in question and had turned in the paperwork which so signified. Also on August 19, 2013, the parent of the patient reported that Respondent did not arrive for a different scheduled shift and Respondent had texted the patient's grandmother that she would not be arriving for her scheduled shift, and never did. Probation 07/09/2015 to 07/09/2016

**Moore, Ericka Renee**  
Saint Louis, MO

**Licensed Practical Nurse 2010024993**  
On January 2, 2013, Respondent was working an early morning shift at the Facility. One of the patients in Respondent's care that morning was I.R. I.R. had been diagnosed with hypertension, moderate aortic insufficiency, congestive heart failure, and atrial fibrillation, among other medical conditions. Before January 2, 2013, I.R. had been placed in "full code" status. At around 3:15 A.M. on January 2, 2013, Respondent checked I.R.'s status and found I.R. sleeping, her breathing evidenced by her chest rising and falling. At around 5:20 A.M. on January 2, 2013, Respondent checked I.R.'s status and found that she was not breathing and was cool to the touch. After discovering I.R.'s condition, Respondent did not perform CPR on I.R., nor did she call 911. Instead, she contacted I.R.'s daughter at 5:23 A.M., and administrator at 5:30 A.M. On January 1, 2013, Respondent failed to report and document that a resident in her care was missing a Wanderguard, a device to prevent resident elopement. On January 2, 2013, Respondent failed to chart behavioral logs, failed to complete work sheets, failed to check charts, and failed to file medication administration records in residents' charts. On January 22, 2013, Respondent failed to document a patient's temperature and vital signs for 72 hours after the patient had been given a vaccination. On February 24, 2014, Respondent was placed on the Employment Disqualification List for one year by the Missouri Department of Health and Senior Services ("DHSS"). She was placed on the list for neglect of a resident of a skilled nursing facility. Respondent failed to cooperate with the Board's

PROBATION continued...

investigation.  
Probation 07/10/2015 to 07/10/2016

**Rawlings, Rachelle Nora**  
Saint Joseph, MO

**Registered Nurse**  
On October 1, 2013, Licensee pled guilty to the class B misdemeanor of driving while intoxicated. As a result of the driving while intoxicated arrest, Licensee's driver's license was revoked for points on or about November 12, 2013. Licensee previously reported receiving two (2) previous driving while intoxicated infractions that were prosecuted through the Municipal Court of St. Joseph, Missouri, on April 17, 1999 and again on August 12, 2007. The Board did not take action on those charges; however, the plea of guilty to driving while intoxicated is Licensee's third driving while intoxicated case. Probation 06/16/2015 to 06/16/2017

**Bishop, Sarah Rebecca**  
Saint Charles, MO

**Registered Nurse 2006020346**  
On September 21, 2014, Licensee was assigned a patient who was a fall risk. The Licensee documented three (3) separate times that the patient's bed alarm and "Care View," were "armed" and "monitored." At approximately 12:30 p.m. on that day, the patient was found on the floor. Neither the bed alarm nor the Care View was on. When questioned, the Licensee admitted that she did not check herself if the alarms were on, and that she took the word of the outgoing nurse that both alarms were armed and monitored. Probation 06/06/2015 to 06/22/2015

**Walzer, Kenya Monique**  
Grandview, MO

**Registered Nurse 2006025384**  
On July 19, 2007, Respondent tested positive for methadone during a pre-employment drug screen. Respondent did not have a valid prescription to possess methadone. Respondent has failed to call in to NTS on fifty-five (55) days. Respondent ceased calling NTS on June 11, 2012, and has not called since that date. Further, on May 29, 2013, and June 10, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on both dates. In addition, on June 28, 2013; July 15, 2013; and July 25, 2013, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 28, 2013; July 15, 2013; and July 25, 2013. Probation 07/02/2015 to 05/02/2019

**Smith, Leslie A.**  
Carthage, MO

**Registered Nurse 132234**  
On October 2, 2013, Respondent was providing care for patients who were going into surgery. Respondent had finished up on her first case and went to pre-op to get her next patient who was assigned to her, patient CP. Respondent observed Dr. S talking to a patient

PROBATION continued...

and assumed that the patient was hers. Respondent did not check the master daily schedule to confirm the next patient's name, or the electronic board in pre-op. Respondent went to the patient who had been talking to Dr. S and checked out the patient to take him in to the operating room. Once in the operating room, it was discovered that Respondent had brought in patient CR, not patient CP. The operating room was set up for patient CP and drugs had been pulled for patient CP. Patient CR had no sedation and the anesthesia provider had to change the procedure since they had pulled drugs for patient CP. Respondent brought the wrong patient into the surgery because she had failed to properly confirm the patient assigned to her, causing confusion for the care of patients CP and CR. On July 24, 2012, Respondent received a Counseling Report for failing to correctly document tissue in the tissue log with the correct name, date, and correct log. On August 9, 2012, Respondent received a Counseling Report for failing to follow the policy on tissue documentation and entered an expired date for a tissue that was implanted in a patient. On February 13, 2013, Respondent received a Counseling Report for failing to send a Ganglion cyst to pathology as Dr. S requested in the operative report. Respondent was previously disciplined by this Board for giving the wrong item to the wrong patient. Probation 07/13/2015 to 07/13/2018

**Chaney, Michelle Lynn**  
Kansas City, MO

**Registered Nurse 2014028376**  
On April 3, 1996, Applicant pled guilty to driving while intoxicated. On or about January 10, 2012, Applicant pled guilty to driving while intoxicated. Probation 08/22/2015 to 08/22/2016

Probation continued on page 12

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Probation continued from page 11

**Grannemann, John C.**  
Union, MO  
**Licensed Practical Nurse 054337**  
Starting in January 2014, Licensee began having delays in submitting all clinical documentation for the patients he provided care for. However, Licensee still submitted his time sheets so he would be paid for his work. The Nursing Director requested that Licensee submit all outstanding clinical documentation and Licensee submitted approximately seventy-five (75) notes and assessments for patients. There are still thirteen (13) notes and assessments missing that Licensee was to have turned in. Licensee was paid for the time submitted on the timesheets. Licensee failed to submit documentation of the nursing visits and services provided, even after being requested to do so.  
Probation 06/30/2015 to 06/30/2016

**Shaw, Tonya Dione**  
Independence, MO  
**Registered Nurse 2009023492**  
From August 6, 2014, through April 26, 2015, Respondent failed to call in to NTS on ten days. Further, on August 12, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to an approved collection site to provide the requested sample. On February 25, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide, a metabolite of alcohol. On March 24, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide, a metabolite of alcohol. On January 27, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. On March 17, 2015, Respondent submitted a urine

PROBATION continued...

sample for random drug screening. That sample tested positive for the presence of marijuana. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of February 27, 2015.  
Probation 07/22/2015 to 07/22/2020

**Bowen, Christeda Ryan**  
Verden, OK  
**Licensed Practical Nurse 2006025548**  
On May 28, 2013, and June 17, 2013, Respondent wrote letters to the Board disclosing that she had illegally obtained and used marijuana on February 24, 2014 and that she had been arrested and prosecuted for it in the state of Oklahoma.  
Probation 07/22/2015 to 07/22/2018

**Vetsch, Mandy Dale**  
Joplin, MO  
**Registered Nurse 2010022391**  
Licensee was requested to provide a sample for a for-cause drug screen. While waiting for the results of the drug screen, an audit was performed on Licensee's narcotic medication usage and the following medication errors were noted. On June 18, 2014, Licensee withdrew 10 mg of morphine and 100 mg of meperidine for patient RF from the Pyxis. Patient RF did not have orders for morphine or meperidine and Licensee failed to document the administration, waste, or return of the medications. On June 19, 2014, Licensee withdrew 100 mg of meperidine for patient CI from the Pyxis. Patient CI did not have orders for meperidine and Licensee failed to document the administration, waste, or return of the medication. On June 19, 2014, Licensee withdrew 100 mg of meperidine for patient SC from the Pyxis. Patient SC did not have orders for meperidine and Licensee failed to document the administration, waste, or return of the medication. On June 19, 2014, Licensee withdrew 10 mg of morphine for patient VB from the Pyxis. Patient VB did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 19, 2014, Licensee withdrew 100 mg of meperidine for patient JB from the Pyxis. Patient JB did not have orders for meperidine and Licensee failed to document the administration, waste, or return of the medication. On June 19, 2014, Licensee withdrew 10 mg of morphine for patient JT from the Pyxis. Patient JT did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 19, 2014, Licensee withdrew 10 mg of morphine for patient VA from the Pyxis. Patient VA did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 20, 2014, Licensee withdrew 10 mg of morphine for patient HK from the Pyxis. Patient HK

PROBATION continued...

did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 24, 2014, Licensee withdrew 10 mg of morphine for patient DS from the Pyxis. Patient DS did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 25, 2014, Licensee withdrew 10 mg of morphine for patient MK from the Pyxis. Patient MK did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On June 30, 2014, Licensee withdrew 10 mg of morphine for patient AS from the Pyxis. Patient AS did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. On July 1, 2014, Licensee withdrew 10 mg of morphine for patient BG from the Pyxis. Patient BG did not have orders for morphine and Licensee failed to document the administration, waste, or return of the medication. The results of the July 3, 2014 for-cause drug screen came back positive for opiates.  
Probation 06/06/2015 to 06/06/2020

**Blanner, Donna L.**  
Cuba, MO  
**Licensed Practical Nurse 022666**  
On or about November 11, 2014, a Nursing supervisor received a request from Licensee to change a patient's status from "short-term rehabilitation" to "long-term care," which request was in error. Following an investigation into the patient's status, it was determined that Licensee had documented an electronic assessment on the same patient without examining or seeing the patient. The documentation licensee listed included the results of an oral exam, lung sounds, pedal pulses, bowel sounds, and skin character. When questioned, Licensee admitted to officials that she had not actually seen the patient.  
Probation 07/16/2015 to 07/16/2017

**Miller, Megan Paige**  
Kearney, MO  
**Registered Nurse 2007017789**  
On February 7, 2012, Licensee documented the pain level as 0 for patient KR. On February 9, 2012, Licensee documented in her clinical note for patient KR that he denies pain and he takes aspirin when he has pain. On February 10, 2012, Licensee ordered Hydrocodone/APAP 10/325, one to two (1-2) PO every four (4) hours PRN, from the pharmacy for patient KR. The pharmacy dispensed sixty (60) pills of Hydrocodone/APAP 10/325 on February 10, 2012 for KR. Licensee states that she was anticipating the future pain needs for this patient. The Agency Medication Profile for patient KR has a start date for the Hydrocodone/APAP 10/325 as February

Probation continued on page 13



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Probation continued from page 12

13, 2012. On February 20, 2012, Licensee did not document a pain assessment for patient KR and makes no mention of reordering medications. However, on February 20, 2012 Licensee requested refills of Roxanol and Hydrocodone for patient KR. Pharmacy dispensed sixty (60) Hydrocodone/APAP 10/325 on February 20, 2012 for KR. Pharmacy dispensed thirty (30) Morphine sulfate solution 20mg/ml for KR. On February 16, 2012, Licensee placed an order to pharmacy for one hundred and twenty (120) Hydrocodone/APAP 10/325 pills, one to two (1-2) every four (4) hours PRN, for patient NA. NA did not have an order for the Hydrocodone/APAP 10/325 and it was not on her Medication Profile. Licensee did not document a visit note or phone note regarding the medication order or pain for NA. Licensee did not document receiving an order for Hydrocodone/APAP 10/325 from a physician. On February 20, 2012, Licensee documented that patient NA denies pain at this time with a pain score of 0/10. Education on pain med schedule and compliance is na (not applicable). Licensee documented the patient's level of pain at that time, but was also considering future needs so as to prevent uncontrolled, acute onset of pain which is common for a terminal patient. On February 20, 2012, Licensee documented zero on the pain scale for patient NA. On February 24, 2012 a phone visit note on NA documents that NA has no needs today. On February 27, 2012 Licensee ordered one hundred and twenty (120) tablets of Hydrocodone 10/325 mg for patient NA. Licensee did not document a visit or a phone visit on that day. There was no order for the medication on the medication list and no order entered for a physician signature. On January 23, 2012, Licensee had thirty (30) tablets of Hydrocodone ordered for patient DL. On January 24, 2012, Licensee ordered and had thirty (30) milliliters of Morphine delivered. On January 30, 2012, Licensee ordered two hundred and forty (240) tablets of Hydrocodone and Morphine IV-20, 5mg/ml syringes. Neither of these medications were on the medication profile. In Licensee's admission note dated January 23, 2012, there is no mention of pain or medication in the admission narrative assessment. There were no orders for the medications, the medications were not on the medication record and Licensee did not document a new physician order for the medications. On January 30, 2012, Licensee placed a new order with pharmacy for patient DL for two hundred and forty (240) Hydrocodone/APAP 10/325 one to two (1-2) every four (4) hours PRN. On DL's Medication Profile, Norco (Hydrocodone/APAP 10/325) had a begin and end date of January 23, 2012 and also a begin date of January 23, 2012 and end date of January 24, 2012. The January 30, 2012 Hydrocodone/APAP 10/325 was not a current medication. On January 30, 2012, Fentanyl Patches and Morphine syringes were also delivered to patient DL. Licensee did not document that any teaching was completed. Probation 07/31/2015 to 07/31/2017

Owens, Terrie L.  
Union, MO  
Registered Nurse 086110

Licensee was scheduled to work the overnight shift on August 20, 2014 through August 21, 2014. At approximately 1:15 am on August 21, 2014, the Director of Nursing was contacted by Licensee's coworkers who reported that Licensee was not acting right. Licensee was reported to have slurred speech, was confusing coworkers' names, appeared disoriented, and staggered while walking. The DON found that Licensee appeared impaired and requested that Licensee submit a sample for a drug screen. The screen returned positive for benzodiazepines and opiates. Licensee provided her prescription information showing that she had prescriptions for benzodiazepines and opiates. Licensee reported that she took a hydrocodone pill a few hours before she came in to work. The facility terminated Licensee for being impaired while on duty. Probation 07/16/2015 to 07/16/2018

PROBATION continued...

Walsh, Charline  
Arnold, MO  
Licensed Practical Nurse 038970

On or about September 9, 2014, a resident (M.W.) could not be located in the facility, leading to a review of the resident's chart. The chart review showed that Licensee had documented that she had obtained vital signs and performed an assessment on the resident at 4:00 am on September 9, 2014, as if she had physically touched and assessed him. She documented his pulse, temperature, breath rate, blood pressure and respiration. She further documented that the patient was able to voice concerns; his skin was warm and dry; and, that the patient did not have shortness of breath or a cough. Further investigation revealed the resident left the building at 10:33 pm on September 8, 2014 and was not present at the facility for Licensee to perform an assessment or obtain his vital signs. Probation 06/25/2015 to 06/25/2016

Mongler, Christina E.  
Columbia, MO  
Registered Nurse 153415

On or about February 2, 2014, Licensee was informed that patient NS had run out of Gabapentin. Licensee was unable to contact the physician and get a new order for Gabapentin sent to the pharmacy until February 3, 2014. Licensee put nineteen Gabapentin pills in a plastic bag and gave them to the staff on February 2, 2014. Licensee stated that she borrowed nineteen Gabapentin from another patient so that patient NS would have her medication until the new order arrived. On February 12, 2014, Licensee was suspended pending an investigation into Licensee taking medication from one patient and giving that medication to patient NS. After Licensee had been told that she was suspended, Licensee went to the Home and accessed the locked medication cart at that home. Licensee was seen pulling out some medication cards and a controlled drug administration record (CDAR). Licensee went back to the main office with the bag of Gabapentin pills and attached CDAR for patient NS as well as a CDAR for patient AH. The CDAR for patient AH indicated that Licensee took 19 Gabapentin pills for patient NS. The Gabapentin pills in patient AH's medical cards are green. Licensee was placed on the Missouri Department of Mental Health Employee Disqualification Registry for a period of ten (10) years, effective September 16, 2014. Probation 06/16/2015 to 06/16/2017

Luttrell, Amy Nicole  
Jackson, MO  
Licensed Practical Nurse 2014038846

On October 7, 2014, Licensee was assigned to work in one of the buildings. Licensee was the only nurse working in that building. There was a second nurse, nurse RS, working that day; however, nurse RS was assigned to another building. That afternoon, nurse RS went to retrieve money for a patient from the office located in the building where Licensee was assigned. RS discovered a note from Licensee indicating that she was leaving work early. RS also found the facility keys assigned to Licensee as well as the on-call cellular phone assigned to Licensee. Licensee did not inform nurse RS that she was leaving the facility early. Surveillance video revealed that Licensee placed items in her car at 1:07 pm. Licensee left the building at 1:23 pm and did not return. The Administrator spoke to aide BM, who had been working in the same building with Licensee. BM stated that early in the shift, Licensee had told her that Licensee might be leaving early, but never said when she was actually leaving. Licensee left her patients without informing anyone that she would no longer be caring for them, and without reporting off on her patients' conditions. Probation 06/25/2015 to 06/25/2018

PROBATION continued...

Randazzo, Trisha Kaye  
Liberty, MO  
Registered Nurse 2013001117

On the overnight shift of February 28 through March 1, 2013 Licensee made the following medication errors: Patient BB was scheduled to receive 12.5 to 25 mcg of fentanyl every three (3) hours, as needed. Licensee withdrew 100 mcg of fentanyl for patient BB at 2019, 2126, 2258, 0033, 0148, 0330, 0407, 0617, and 0824 for a total amount of 900 mcg. Licensee documented the administration of 12.5 mcg of fentanyl to patient BB at 2031, 2208, 2340, 0034, 0213, 0336, 0521, and 0619, and 25 mcg of fentanyl at 0825, for a total of 125 mcg administered. Licensee documented the waste of 175 mcg of fentanyl at 2228, 87.5 mcg of fentanyl at 0450, and 75 mcg of fentanyl at 0833 for a total of 337.5 mcg of fentanyl wasted for patient BB. Licensee failed to document the administration or waste of 437.5 mcg of fentanyl. On the overnight shift of March 4 through March 5, 2013 Licensee made the following medication errors: Patient PB was scheduled to receive 25 to 50 mcg of fentanyl every two (2) hours, as needed. Licensee withdrew 100 mcg of fentanyl for patient PB at 1906, 2017, 2205, 2331, and 0132 for a total amount of 500 mcg. Licensee documented the administration of 25 mcg of fentanyl to patient PB at 1916, 2019, 2133, 2224, 2339, 0145, and 0532 for a total of 175 mcg administered. Licensee documented the waste of 225 mcg of fentanyl for patient PB at 0229. Licensee failed to document the administration or waste of 100 mcg of fentanyl. On the overnight shift of March 14 through March 15, 2013 Licensee made the following medication errors: Patient EC was scheduled to receive 12.5 to 25 mcg of fentanyl every three (3) hours, as needed. The order changed to every two (2) hours, as needed, at 0400 on March 15, 2013. Licensee withdrew 100 mcg of fentanyl for patient EC at 2030, 2039, 2141, 2212, 2324, 2359, 0043, 0159, 0236, 0308, 0357, 0425, 0516, 0548, 0624, and 0641 for a total amount of 1600 mcg. Licensee documented the administration of 12.5 mcg of fentanyl to patient EC at 2030, 2226, 2339, 0105, 0240, 0310, 0442, 0530, 0638, and 0724 for a total of 125 mcg administered. Licensee documented the waste of 100 mcg at 2206, 87.5 mcg at 2322, 187.5 mcg at 0222, 75 mcg at 0435, 87.5 mcg at 0547, 87.5 mcg at 0548, and 175 mcg at 0645 for a total of 800 mcg of fentanyl wasted for patient EC. Licensee failed to document the administration or waste of 675 mcg of fentanyl. On the overnight shift of April 5 through April 6, 2013 Licensee made the following medication errors: Patient LC was scheduled to receive 50 mcg of fentanyl every two (2) hours, as needed. Licensee withdrew 100 mcg of fentanyl for patient LC at 1922, 2007, 2224, 0038, 0248, 0449, and 0643 for a total amount of 700 mcg. Licensee documented the administration of 50 mcg of fentanyl to patient LC at 2011, 2246, 0050, 0251, 0453, and 0716 for a total of 300 mcg administered. Licensee documented the waste of 50 mcg at 1841, 100 mcg at 1936, and 50 mcg at 0254 for a total

Probation continued on page 14

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Probation continued from page 13

of 200 mcg of fentanyl wasted for patient LC. Licensee failed to document the administration or waste of 200 mcg of fentanyl. On the overnight shift of April 8 through April 9, 2013 Licensee made the following medication errors: Patient LC was scheduled to receive 50 mcg of fentanyl every two (2) hours, as needed. Licensee withdrew 100 mcg of fentanyl for patient LC at 1927, 1945, 2148, 0039, 0235, 0459, and 0630 for a total amount of 700 mcg of fentanyl. Licensee documented the administration of 50 mcg of fentanyl to patient LC at 1951, 2217, 0043, 0247, 0502, and 0709 for a total of 300 mcg administered. Licensee did not document any waste of fentanyl for patient LC for this shift. Licensee failed to document the administration or waste of 400 mcg of fentanyl. Probation 06/06/2015 to 06/06/2018

**Whisenton, Erica Tamar**  
 Black Jack, MO

**Registered Nurse 2011020018**  
 Respondent signed up to participate with NTS on December 15, 2014. However, Respondent failed to include payment information so, although Respondent was signed up as a participant with NTS, Respondent did not complete the contract with NTS within five (5) weeks of the effective date of the Agreement. From December 16, 2014, through April 26, 2015, Respondent failed to call in to NTS on one hundred and thirty-two (132) days. Therefore, Respondent failed to report to a collection site to provide a sample for testing on February 10, 2015; February 20, 2015; March 18, 2015; March 31, 2015; April 7, 2015; and April 24, 2015. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of February 11, 2015. The Board did receive a statement of unemployment on March 3, 2015. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 6, 2015. Probation 07/15/2015 to 07/15/2020

**Moss, Savina Maria**  
 Pevely, MO

**Licensed Practical Nurse 2007031266**  
 From May 7, 2014 until her termination on August 1, 2014, licensee, while employed as an LPN, developed and fostered an inappropriate relationship with an inmate. The inappropriate relationship included her use of a pseudonym to disguise herself when contacting the inmate, over 200 phone calls to the inmate, 43 cards and letters from her to the inmate, and over \$1,000.00 sent by her to the inmate. Probation 06/25/2015 to 06/25/2018

**Robinett, James W., Jr**  
 Poplar Bluff, MO

**Registered Nurse 116003**  
 Respondent worked as a staff nurse in the ER of a hospital and was injured while working on July 24, 2013. On July 24, 2013, Respondent submitted a sample for a drug test required by the hospital's policies as a result of the injury. The hospital received the results of the drug test and Medical Review Officer's report on July 30, 2013. The test was positive for THC, a metabolite of marijuana. Probation 07/09/2015 to 07/09/2020

**Choate, Kelly Renee**  
 Springfield, MO

**Registered Nurse 130306**  
 On June 11, 2013, several of Licensee's coworkers reported that Licensee appeared to be impaired and was slurring words and acting erratically. It was discovered that Licensee pulled Synthroid from the Pyxis for a patient who was not prescribed Synthroid. It was also discovered that Licensee was not scanning medications as required.



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Licensee failed to document on her patients' charts, and what she did document did not make any sense. Licensee was asked to return to complete her documentation. Licensee was also unable to make sense of what she had documented. On June 12, 2013, administrators requested that Licensee submit a sample for a for-cause drug test because of her actions on June 11, 2013. Licensee initially consented to submit to the for-cause drug screen, but later decided not to submit a sample and voluntarily resigned. Probation 08/29/2015 to 08/30/2015

**Caudill, Christie Ann**  
 Clearmont, MO

**Licensed Practical Nurse 2013042551**  
 On December 29, 2014, licensee pled guilty to endangering the welfare of a child. The Information filed with court in reference to licensee's plea of guilty stated in particular "... that on or about September 26, 2014...[licensee] knowingly encouraged [her three] children [ages 5, 7, and 11] to enter into a...structure that is a public nuisance...by having multiple pills of a controlled substance in her residence in an unlabeled bottle without a prescription.' Licensee admitted to the Board's investigator that, in regard to the unlabeled bottle, 'all but one of those pills I had prescriptions for and the other pill was one of two pills I had from a friend when I was out. I took one of the pills and the other was in the pill bottle.' The two pills in question contained Hydrocodone. Licensee did not have a prescription for Hydrocodone. Probation 07/15/2015 to 07/15/2020

**Cox, Denise L.**  
 Buffalo, MO

**Licensed Practical Nurse 042450**  
 On August 8, 2013, Respondent falsified a home visit for patient KM by documenting that she had visited KM in her home when she had not. Among other misrepresentations, Respondent falsely documented KM's blood sugar and falsified KM's signature on the visit paperwork. KM was actually in the ICU of a local hospital at the time. Respondent then gave a two-week notice stating her employment would end on September 6, 2013, and she would work up until that date. Respondent last saw patients on August 20, 2013. On and after that date until her separation on September 6, 2013, Respondent only sporadically saw patients assigned to her, did not visit one patient assigned to her twice, and did not turn in her mileage and timesheets on time. After September 6, 2013, Respondent did not return materials, including patient records on 43 different patients, a cellular telephone and charger, manuals, various paperwork items, an ID badge, and a blood pressure cuff. The Board's investigator spoke to Respondent by telephone on December 11, 2013, and Respondent confirmed to the investigator that as of that date, three months after she ceased to work there, she still had these materials and patient records in her possession. Respondent's actions in retaining patient records after she had no legal reason to continue to possess them or view them violated the federal Health Insurance Portability Accountability Act (HIPAA), found at 10 USC 3103 Probation 07/14/2015 to 07/14/2018

**Frazier, Miranda Lynn**  
 Columbia, MO

**Licensed Practical Nurse 2011031916**  
 Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent never completed the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 23, 2015. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf. Probation 07/09/2015 to 07/09/2017



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PROBATION continued...

**Gallop, Angela F.**  
 Sedalia, MO  
**Registered Nurse 112380**

Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five (5) weeks of the effective date of the Order, which was January 14, 2015. Respondent did not complete the contract process with NTS until February 2, 2015. On February 12, 2015; March 2, 2015; March 5, 2015; March 23, 2015; and, April 10, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of those dates. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by March 11, 2015. The Board did not receive proof of any completed hours. Probation 07/09/2015 to 07/09/2019

**Inman, Tammy Lynn**  
 Jefferson City, MO

**Licensed Practical Nurse 2009030215**  
 On November 3, 2011, Respondent was on duty and responsible for providing care to inmate MS. At about 5:00 pm on that date, inmate MS reported to Respondent that he had muscle cramps all over, neck pain, chest pain, pain across his upper abdomen, and was shaking all over. Respondent took his vital signs, advised him to take in fluids, issued him Tylenol, and told him to be evaluated by the Medical Unit the next day if he did not feel better. MS also reported to Respondent he had been in a fight approximately two (2) weeks earlier. At approximately 6:30 pm on that date, Respondent noted MS was sitting on his bed with his legs shaking, had rapid respirations, and reported that he had eaten. MS stated he still had neck and shoulder pain and chest pain. It was recommended to MS to have warm moist heat on the affected areas and rest. Respondent did not take his vital signs. At approximately 8:15 pm on that date, MS was found sitting against a wall. He stated his head felt heavy and was assisted to his bed. Respondent took his vital signs but did not repeat a blood pressure check and did not call a physician, even though his blood pressure was noted to be 80/49, which should have been a concern. At approximately 9:30 pm on that date, MS was found on the floor of his housing unit and was incontinent. A physician was called and he was transported to a local hospital wherein he was pronounced dead. It was noted that MS suffered a ruptured spleen. Probation 07/14/2015 to 07/14/2017

**Taylor, Megan Nicole**  
 Joplin, MO

**Registered Nurse 2009024799**  
 On May 23, 2013, Licensee pled guilty to unlawful use of drug paraphernalia. The plea to unlawful use of drug paraphernalia was the result of marijuana plants being found in Licensee's residence during a search. Probation 08/18/2015 to 08/24/2015

**Davis, Candace N.**  
 St. Robert, MO

**Licensed Practical Nurse 2011010056**  
 On December 22, 2014, Licensee was finishing her shift and counting narcotic medications with the oncoming nurse. The count was off and it was discovered that one (1) pill of Oxycodone for patient C.R. was missing. There was no documentation showing that patient C.R. had received the narcotic, and no documentation of what happened to the pill. Licensee was asked to submit a sample for a for-cause drug screen because of the missing medication. Licensee initially stated that she would provide a sample for testing, but Licensee ultimately declined to submit a sample for the drug screen. Licensee informed the NM and the DON that she would not provide a sample for testing because it would be positive due to her use of marijuana two days before the request. Probation 08/06/2015 to 08/06/2020

## REVOKED

**Davis, Lisa R.**  
 Mansfield, MO  
**Registered Nurse 126187**

From December 11, 2014, through April 22, 2015, Respondent failed to call in to NTS on seven (7) different days. Further, on January 7, 2015, January 22, 2015 and March 12, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on three (3) separate occasions, December 16, 2014, December 30, 2014 and February 26, 2015, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On December 16,

Revocation continued on page 15

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**REVOCATION continued...**

**Revocation continued on page 16**



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Revocation continued from page 15

drive. When asked if they could call someone for her, Respondent refused and went to her car in the parking lot. Officials immediately called the police, who arrived at the scene and took Respondent into custody. Upon a search of Respondent, the officers discovered a package of syringes in the front packet of her scrubs top, and in a search of Respondent's car found a lidocaine patch and several different pills, including Meclizine, Amoxicillin, and Omeprazole. Respondent further stated to the officers she had recently taken Clonazepam. Respondent was also found by the police to have an outstanding warrant for her arrest.

Revoked 06/19/2015

Senciboy, Jessica Lynne  
Perryville, MO

Licensed Practical Nurse 2007032150

Respondent was advised by certified mail to attend a meeting with the Board's representative on August 5, 2014. Respondent left a voicemail message for the Board on August 4, 2014, stating she could not attend the meeting and did not request to re-schedule the meeting. From August 18, 2014 through February 9, 2015, Respondent failed to call in to NTS on three (3) days. In addition, on January 6, 2015, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On February 3, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of methamphetamine.

Revoked 07/10/2015

Brundridge, Misty Dawn  
Rich Hill, MO

Licensed Practical Nurse 2008034721

Respondent was employed as an LPN at a nursing home. In March and April 2013, Respondent repeatedly administered medication to the wrong patient in a two-patient room. She administered medications to BN that were meant for EB. Once Respondent discovered her mistake, she failed to chart it in the patients' records or inform officials. When confronted about this mistake by officials, Respondent falsely claimed that BN complained of pain in his "bottom."

Revoked 07/10/2015

Mathos, Christina Marie  
Edgerton, KS  
Registered Nurse 2011036321

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REVOCATION continued...

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSYS website that the nursing license of Respondent was suspended for the first year of the three year KNAP agreement in Kansas by the Kansas State Board of Nursing by Summary Order dated July 10, 2014. The Order stated that Respondent violated the Kansas Nurse Practice Act by willfully and repeatedly violating provisions of the Kansas Nurse Practice Act by engaging in unprofessional conduct by fraud or deceit in practicing nursing; engaging in unprofessional conduct by inaccurately recording, falsifying or altering documents; by engaging in unprofessional conduct by drug diversion in past conduct; and by being unable to practice with skill and safety due to current abuse of drugs or alcohol.

Revoked 06/16/2015

Waters, Rex Allen  
Prairie Village, KS  
Registered Nurse 2011040756

Respondent's nursing license was disciplined in the State of Kansas upon grounds for which suspension or revocation is authorized in this State.

Revoked 07/10/2015

Gales, Desiree L.  
Florissant, MO  
Licensed Practical Nurse 2005026321

On July 23, 2013, the Board received correspondence from Respondent in response to another investigation regarding Respondent's license. Respondent submitted numerous patient records and documents to the Missouri State Board of Nursing, including the Progress Note Addendum (narrative documentation on the patient or other information), Physical Assessment Sheet of the patient, Intake and Output Record, and Hourly Time Sheet of Nurse in reference to patient, D.M. Patient, D.M., is a patient Respondent cared for during her employment. The documents contained patient health care information which Respondent was not authorized to maintain in her possession or disclose. Respondent wrongfully and intentionally disclosed a patient's health care information to the Missouri State Board of Nursing in attempt to forgo discipline on her license thereby violating the Health Insurance Portability and Accountability Act.

Revoked 06/16/2015

Sloniker, Tracy D.  
West Plains, MO  
Registered Nurse 142701

On April 8, 2013, Respondent was responsible for providing in-home care to client LC. Client LC's mother discovered Respondent sleeping at 6:00 am when she awoke to get her other child ready for school. Upon discovering Respondent asleep, client LC's mother checked the medical records and monitoring equipment to see if

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REVOCATION continued...

client LC had received her 4:00 am breathing treatment. Client LC's mother saw no documentation in client LC's chart for Respondent's shift, and saw no information in the monitoring equipment to indicate that LC had received the 4:00 am breathing treatment. Respondent completed her documentation for client LC's chart at home, after her shift had ended. Respondent documented that she had performed LC's breathing treatment at 4:30 am. Respondent admitted to SC that she had fallen asleep while on duty, that she had forgotten to complete the breathing treatment, and that she took her paperwork home to complete her documentation. Respondent falsely charted that she had completed client LC's breathing treatment.

Revoked 07/09/2015

Evers, Hope D.  
Fenton, MO  
Licensed Practical Nurse 050491

On May 20, 2013, respondent reported to work for the evening shift. Respondent was observed still wearing her sunglasses inside the building and observed with red eyes when they were removed. Respondent appeared to be confused, had trouble concentrating, and prepared a dose of Coumadin for a patient at 3 pm which was not due until 6 pm. Respondent smelled of intoxicants. Officials, upon speaking with her, requested she submit to a drug and alcohol test. Respondent did not report to the testing site for the drug and alcohol test as required.

Revoked 06/16/2015

Gregg, Carol W.  
Saint Louis, MO  
Licensed Practical Nurse 028585

On January 8, 2013, at around 8:15 PM, Respondent found resident KT on the floor of KT's room. Respondent did not ask resident KT if she had fallen to the floor. Respondent failed to assess resident KT's condition or perform an assessment to look for injuries. Respondent failed to assist resident KT in getting up off the floor. Respondent failed to chart that resident KT was discovered on the floor. Respondent gave resident KT her evening medicines while KT was still on the floor. Respondent was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for a period of eighteen (18) months as a result of this incident, effective November 1, 2013.

Revoked 07/09/2015

Bowman, Christina L.  
Ashland, MO  
Licensed Practical Nurse 053779

Respondent failed to complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 9, 2015. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of March 5, 2015. Respondent did not renew her licensed practical nursing license as required by the Order.

Revoked 07/09/2015

Shaw, Nicole Lynn  
O'Fallon, MO  
Licensed Practical Nurse 2008024380

On June 7, 2013 officials noticed that various medications, including the controlled substances of Oxycodone and Xanax, were being currently removed from the automated dispensing devices under the "PIN number" of a nurse who had been terminated two weeks before and who no longer worked there. The only nurse present on all shifts in which the PIN number was used during this time period was Respondent. The medications shown to be removed were also

Revocation continued on page 17

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Revocation continued from page 16

available in normal medication storage facilities, thus obviating the need for anyone to access the automated dispensing devices for those medications. Respondent had not been assigned a PIN number of her own. When confronted by officials, Respondent initially denied using anyone else's PIN number. Respondent later admitted to officials that she had used the terminated nurse's PIN number to access medications  
Revoked 06/29/2015

**Williams, Crystal R.**  
Saint Louis, MO  
**Licensed Practical Nurse 2014041328**

From December 19, 2014 through April 24, 2015, Respondent failed to call in to NTS on twenty (20) days. In addition, on February 5, 2015, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on February 5, 2015.  
Revoked 07/13/2015

**Smith, Barbara Jean**  
Saint Louis, MO  
**Registered Nurse 124423**

Respondent was notified to attend a meeting with the Board's Discipline Administrator on November 4, 2014, to review the terms of her settlement agreement. Respondent did not attend a scheduled meeting and did not attend a rescheduled meeting. From November 1, 2014, through April 27, 2015, Respondent failed to call NTS on one hundred seventy-three (173) different days and has failed to appear and submit for drug and alcohol screenings on eleven (11) different days. The Board did not receive a chemical dependency evaluation submitted on Respondent's behalf. The Board did not receive an employer evaluation or statement of unemployment by two due dates.  
Revoked 07/22/2015

**Hancock, Crystal Dawn**  
Lees Summit, MO  
**Licensed Practical Nurse 2011031023**

Respondent did not attend the meeting with the Board's representative or contact the Board to reschedule the meeting. Respondent did not complete the contract process with NTS within five (5) weeks of the effective date of the Order, as specified in the terms and conditions of the Board Order. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 17, 2015. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of February 11, 2015.  
Revoked 06/19/2015

REVOCATION continued...

**Smith, Evelyn D.**  
Saint Louis, MO  
**Licensed Practical Nurse 039184**

In accordance with the Order, Respondent was required to submit an application to renew her license, along with the required fees and criminal background check within thirty working days of the date of the Order, making the due date August 21, 2014. Respondent failed to submit an application to renew her licensed practical nursing license by the August 21, 2014 due date and her license remains lapsed. In accordance with the terms of the Order, Respondent was required to obtain continuing education. The Board did not receive proof of any completed continuing education hours. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 12, 2015.  
Revoked 06/19/2015

**Day, Rebecca Lynn**  
Sikeston, MO  
**Registered Nurse 2009022430**

From November 23, 2014 through April 22, 2015, Respondent failed to call in to NTS on one (1) day. Further, on October 31, 2014, and March 16, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested samples. As part of the terms of her probation during the disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On March 2, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.  
Revoked 07/16/2015

**Molitor, Kristin Marie**  
Washington, MO  
**Licensed Practical Nurse 2002029561**

Respondent was confronted by officials on November 19, 2013, in regard to her charting and administration of controlled substances, and officials also noticed missing medications during Respondent's shifts. During November 2013, Respondent, instead of using the MAR system, used her memory during medication passes to patients, resulting in medication errors and the wrong dosages given. She also gave medications at inappropriate times such as at the very beginning of her shift when patients were in the dining room and records revealed she would not have even had the keys to the medication cart at that point. On November 18, 2013, Respondent was the last nurse to access Oxycodone when three tablets were noted to be missing. Respondent could not explain where the tablets were and never charted that they were administered or wasted. Respondent was then restricted on November 25, 2013, from having

REVOCATION continued...

access to narcotic keys, counting narcotics, or passing narcotics to patients until further notice. On February 6, 2014 and on April 25, 2014, Respondent called the Schnuck's Pharmacy and pretended that she was an employee in Dr. V office by the name of "Trish" and called in two prescriptions for herself for Tramadol. The first prescription on February 6, 2014, was for a quantity of eighty (80) with four (4) refills, which Respondent picked up, in addition to all four (4) refills. The second prescription on April 25, 2014, was for a quantity of 120 Tramadol with four (4) refills. Upon the false prescriptions being discovered, Respondent was arrested and while in custody and after being Mirandized, admitted to the police that she had called in the false prescriptions on February 6, 2014 and April 25, 2014. On July 21, 2014, in Franklin County, Missouri, Respondent was charged with felony forgery as a result of the above incidents, and a warrant issued for her arrest.  
Revoked 06/19/2015

**Whitehead, Stephanie E.**  
Saint Louis, MO  
**Licensed Practical Nurse 045806**

On July 18, 2013, a Sentence and Judgment was issued as a result of Respondent pleading guilty on July 18, 2013, to the class C felony of stealing over \$500.00.  
Revoked 07/15/2015

Revocation continued on page 18

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Revocation continued from page 17

**Perry, Roxanna L.**  
Lees Summit, MO  
**Licensed Practical Nurse 034096**  
From October 24, 2014, which is the day after the previous complaint was filed, through April 29, 2015, Respondent failed to call in to NTS on seven (7) days. On March 31, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. Pursuant to the terms of Order #2, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of Order #2. The chemical dependency evaluation was due March 5, 2015. The Board did not receive a chemical dependency evaluation. Revoked 07/15/2015

**Gibson, Amber Dawn**  
Columbia, MO  
**Registered Nurse 2008022179**  
The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 5, 2014. The Board did not receive evidence of regular attendance of support group meetings by the documentation due date of December 5, 2014. In addition, Respondent was to cause the Drug Court Administrator to file quarterly updates with the Board. The Board did not received an update from the Drug Court Administrator by the documentation due date of December 5, 2014; however, it appears that Respondent may have been discharged from the Drug Court program on an unknown date. If that is the case, Respondent was required to contract with the Board's third-party administrator, National Toxicology Specialists, Inc. (NTS), within twenty (20) days of Respondent's discharge from drug court. As of this filing, Respondent has not contracted with NTS. Revoked 06/19/2015

REVOCATION continued...

**Welling, Cody Renee'**  
Utica, MO  
**Licensed Practical Nurse 2002023782**  
Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 2, 2014 and January 2, 2015. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 27, 2014. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Revoked 06/19/2015

**Pich, Rachael Lynette**  
Pacific, MO  
**Licensed Practical Nurse 1999135734**  
The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 30, 2014, September 30, 2014, or December 30, 2014. The Board did not receive proof of completion of the required continuing education course on or before September 30, 2014. Revoked 07/14/2015

**Funk, Lynne Marie**  
Ridgedale, MO  
**Registered Nurse 1999140467**  
On January 2, 2013, Respondent was found guilty of driving while intoxicated - drug intoxication, third offense, in the Boone County District Court of Arkansas in case number DWI-12-237. Revoked 06/19/2015

## SUSPENSION

**Waller, Chelsea R.**  
Kansas City, MO  
**Licensed Practical Nurse 2007004950**  
Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the due date of March 18, 2015. The Board did not receive a thorough chemical dependency evaluation by the due date of February 12, 2015. Suspension 07/14/2015 to 01/14/2016

## VOLUNTARY SURRENDER

**Winchell, Elizabeth Jean**  
Columbia, MO  
**Registered Nurse 2012002596**  
Licensee voluntarily surrenders her license to practice nursing and surrenders her privilege to practice under any multi-state privileges in the State of Missouri. Voluntary Surrender 06/01/2015

**Leitch, Jill S.**  
Dittmer, MO  
**Registered Nurse 2011021773**  
On January 7, 2013, while on duty as an RN at a hospital, Leitch refused to submit to a urine drug test. The reason Leitch refused to submit to the test was because she had smoked marijuana approximately five days prior. On January 28, 2015, licensee was confronted about her administrations at the hospital and admitted that she had diverted to herself for her own use while working as a nurse at the hospital, Dilaudid, Fentanyl, and Norco. Voluntary Surrender 08/31/2015

**Taylor, Megan Nicole**  
Joplin, MO  
**Registered Nurse 2009024799**  
Voluntary Surrender of her license. Voluntary Surrender 08/25/2015

**Goldman, Richard E.**  
Saint Louis, MO  
**Registered Nurse 132015**  
On July 22, 2014, Licensee plead guilty to one count of embezzlement or theft of public money, property or records in the United States District Court Eastern District of Missouri. Licensee had been charged with voluntarily, intentionally and knowingly converting a quantity of prescription medication to his own use with the intent to deprive the United States of the use and benefit of the same. During an investigation by the Department of Veterans Affairs, Licensee admitted to taking Dilaudid for his personal use. Voluntary Surrender 08/10/2015

**Maddux-WolfGuts, Gaile L.**  
Mabelvale, AR  
**Registered Nurse 109555**  
Licensee failed to accurately chart the administration and waste of controlled substances. Voluntary Surrender 08/04/2015

Voluntary Surrender continued on page 19



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First Name

Middle Name

( )

( )

Daytime Telephone Number

Alternate Phone Number

E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver’s license)

Physical address required, PO boxes are not acceptable

CITY

STATE

ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY

STATE

ZIP

☐ I declare

as my primary state of residence effective

(primary state of residence)

(effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at [www.ncsbn.org/nlc.htm](http://www.ncsbn.org/nlc.htm)  
In accordance with the Nurse Licensure Compact “Primary State of Residence” is defined as the state of a person’s declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver’s license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.  
When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.  
I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→

Signature (This form must be signed)

Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

Voluntary Surrender continued from page 18

Applegate, Nancy L.  
Saint Peters, MO  
Registered Nurse 146740  
On May 23, 2013, Licensee reported to work for her 7:00 PM to 7:00 AM shift in the Emergency Department. On May 24, 2013, at approximately 12:45 AM, Licensee was not in the Emergency Department and could not be located for one (1) hour. On May 24, 2013, at 3:00 AM the Director of Nursing (DON) determined that the census was down and that some of the nurses could go home. The DON selected Licensee as a nurse to go home, but Licensee was not in the Emergency Department and could not be found until 4:30 AM. Licensee was found in the bathroom by her co-workers. The nurses who found Licensee believed that she was impaired. The bathroom where Licensee was found was searched and a butterfly needle, tourniquet, syringe, and two (2) vials of Propofol were discovered. Nurse N reviewed the Pyxis logs after Licensee was found. According to N, Licensee performed a cancelled remove on the 20 ml vial of Propofol for Patient JA, which resulted in a discrepancy in the number of 20 ml Propofol vials in the Pyxis. Patient JA did not have an order for Propofol. According to N, Licensee performed a cancelled remove on nitroglycerin for a fictitious patient, room 8-8. The 50 ml vials of Propofol are located in the same drawer as the nitroglycerin and two (2) vials were missing after Licensee had been in the drawer. On May 24, 2013, according to the Director of Emergency Services (DOES), he reviewed the Pyxis logs and discovered three (3) vials of Propofol missing; one (1) 20 ml vial and two (2) 50 ml vials. DOES contacted Licensee and requested that she come to the hospital to discuss what had happened. While speaking to DOES, Licensee admitted to taking Propofol while on duty. While speaking to DOES, Licensee admitted that she had left the building with one (1) 50 ml vial of Propofol, but threw it out of her car window as she drove away. Licensee marked on a map where she threw the vial out of her car, and DOES later recovered it. After meeting with DOES, Licensee voluntarily went to a facility in St. Charles for an evaluation. During the evaluation, Licensee admitted to using Propofol. Licensee did not have a prescription for Propofol. Licensee admitted she used Propofol on May 24, 2013 in a last-ditch effort to alleviate severe back pain.  
Voluntary Surrender 08/03/2015

Henry, Jerry N.  
Saint Louis, MO  
Registered Nurse 095804  
Licensee voluntarily surrendered his nursing license on July 27, 2015.  
Voluntary Surrender 07/27/2015



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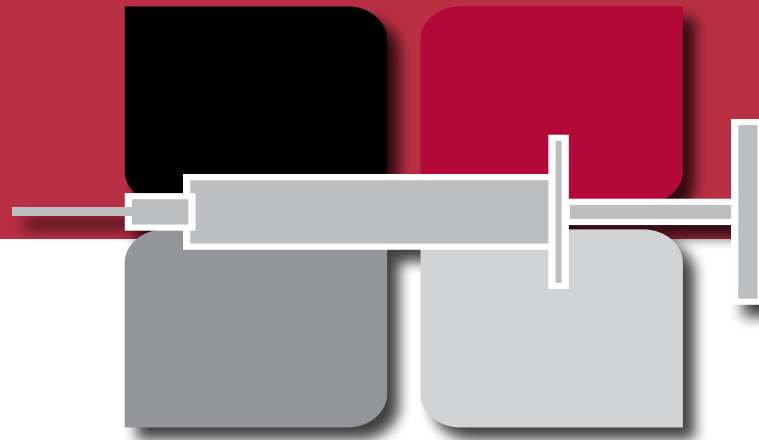
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- simplifies vaccine ordering for the Vaccines for Children program providers.

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